

SERFF Tracking Number: LBRM-125540567 State: Arkansas  
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100  
 Company Tracking Number: 2008-00968  
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: 2008 Arkansas Homeowners Fast Path  
 Project Name/Number: 2008 Arkansas Homeowners Fast Path/2008-00968

## Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: 2008 Arkansas Homeowners Fast Path SERFF Tr Num: LBRM-125540567 State: Arkansas

TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: 2008-00968	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Authors: Carol Roof, Jodi Guggenberger	Disposition Date: 03/21/2008
	Date Submitted: 03/19/2008	Disposition Status: Filed
Effective Date Requested (New): 04/12/2008		Effective Date (New): 04/12/2008
Effective Date Requested (Renewal): 05/13/2008		Effective Date (Renewal): 05/13/2008

State Filing Description:

## General Information

Project Name: 2008 Arkansas Homeowners Fast Path  
 Project Number: 2008-00968  
 Reference Organization: N/A  
 Reference Title: N/A  
 Filing Status Changed: 03/21/2008  
 State Status Changed: 03/19/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:

Status of Filing in Domicile: Not Filed  
 Domicile Status Comments:  
 Reference Number: N/A  
 Advisory Org. Circular: N/A  
 Deemer Date:

We are filing a rate and rule revision to our Homeowners Program. Please refer to our Actuarial Memorandum and Rule Filing Memorandum for further details.

As a result of the acquisition of Ohio Casualty Group by Liberty Mutual and our re-branding project, the header on all our

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manual pages will now show our specific companies: The Ohio Casualty Insurance Company, West American Insurance Company and American Fire and Casualty Company. Please note, at this time in addition to the header revision we have made an amendment to Rule 201 which is provided for your review. Should you require a copy of our entire set of rules with the header revision, please advise and we will forward.

## Company and Contact

### Filing Contact Information

Jodi Guggenberger, Jodi.Guggenberger@libertymutual.com  
 9450 Seward Road (800) 843-6446 [Phone]  
 Fairfield, OH 45014 (513) 603-2160[FAX]

### Filing Company Information

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio  
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty  
 Fairfield, OH 45014-5456 Group Name: State ID Number:  
 (800) 826-6189 ext. [Phone] FEIN Number: 31-0396250  
 -----

West American Insurance Company CoCode: 44393 State of Domicile: Indiana  
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty  
 Fairfield, OH 45014-5456 Group Name: State ID Number:  
 (800) 826-6189 ext. [Phone] FEIN Number: 31-0624491  
 -----

American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio  
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty  
 Fairfield, OH 45014-5456 Group Name: State ID Number:  
 (800) 826-6189 ext. [Phone] FEIN Number: 59-0141790  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00

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**Retaliatory?** No  
**Fee Explanation:** \$100 per rate filing  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$100.00	03/19/2008	18783971
West American Insurance Company	\$0.00	03/19/2008	
American Fire and Casualty Company	\$0.00	03/19/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	03/21/2008	03/21/2008

### 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	03/19/2008	03/19/2008	Jodi Guggenberger	03/20/2008	03/20/2008

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## Disposition

Disposition Date: 03/21/2008  
 Effective Date (New): 04/12/2008  
 Effective Date (Renewal): 05/13/2008  
 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:
The Ohio Casualty Insurance Company	-4.100%	\$-3,705	43	\$90,301	10.200%	-8.000%	1.000%
West American Insurance Company	-5.000%	\$-34,730	567	\$699,769	10.400%	-11.600%	2.000%
American Fire and Casualty Company	-3.300%	\$-3,644	52	\$111,837	9.900%	-9.800%	0.600%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 1.700%  
 Overall Percentage Rate Impact For This Filing -4.700%  
 Effect of Rate Filing-Written Premium Change For This Program \$-42,079

<i>SERFF Tracking Number:</i>	<i>LBRM-125540567</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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**Effect of Rate Filing - Number of Policyholders Affected**

662

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	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	No
Supporting Document (revised)	Homeowners Abstract	Filed	Yes
Supporting Document	Homeowners Abstract		Yes
Supporting Document (revised)	Filing Memorandums	Filed	Yes
Supporting Document	Filing Memorandums		Yes
Supporting Document	RF-1 Loss Cost Data Entry	Filed	Yes
Rate	Premium Determination	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/19/2008

Submitted Date 03/19/2008

Respond By Date

Dear Jodi Guggenberger,

This will acknowledge receipt of the captioned filing.

Objection 1

- Filing Memorandums (Supporting Document)

Comment: Provide an exhibit showing the development of the indicated change amounts.

Objection 2

- Homeowners Abstract (Supporting Document)

Comment: Please re-submit the abstracts in pdf format. We do not accept word document (doc) formats.

Objection 3

No Objections

Comment: Form RF-1 is required with all rate change filings.

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 03/20/2008

Submitted Date 03/20/2008

Dear Becky Harrington,

SERFF Tracking Number: LBRM-125540567 State: Arkansas  
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**Comments:**

**Response 1**

Comments: Dear Ms. Harrington,

I have attached the required documents per your Objection Letter dated 3/19/08. I am also attaching the Homeowners Premium Comparison Survey forms in pdf format for our own printing purposes. Please let me know if I can be of further assistance.

Thank you.

Jodi Guggenberger

**Related Objection 1**

Applies To:

- Filing Memorandums (Supporting Document)

Comment:

Provide an exhibit showing the development of the indicated change amounts.

**Related Objection 2**

Applies To:

- Homeowners Abstract (Supporting Document)

Comment:

Please re-submit the abstracts in pdf format. We do not accept word document (doc) formats.

**Related Objection 3**

Comment:

Form RF-1 is required with all rate change filings.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

Satisfied -Name: Homeowners Abstract

Comment:

Satisfied -Name: Filing Memorandums

Comment: Please find our response to your Objection Letter in the attached exhibit showing the development of the indicated change amounts.

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Satisfied -Name: RF-1 Loss Cost Data Entry

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Carol Roof, Jodi Guggenberger

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## Rate Information

Rate data applies to filing.

Filing Method: File & Use  
 Rate Change Type: Decrease  
 Overall Percentage of Last Rate Revision: 1.100%  
 Effective Date of Last Rate Revision: 01/25/2008  
 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):
The Ohio Casualty Insurance Company	1.000%	-4.100%	\$-3,705	43	\$90,301	10.200%	-8.000%
West American Insurance Company	2.000%	-5.000%	\$-34,730	567	\$699,769	10.400%	-11.600%
American Fire and Casualty Company	0.600%	-3.300%	\$-3,644	52	\$111,837	9.900%	-9.800%

## Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: 1.700%

<i>SERFF Tracking Number:</i>	<i>LBRM-125540567</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-00968</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2008 Arkansas Homeowners Fast Path</i>		
<i>Project Name/Number:</i>	<i>2008 Arkansas Homeowners Fast Path/2008-00968</i>		

<b>Overall Percentage Rate Impact For This Filing:</b>	<b>-4.700%</b>
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	<b>\$-42,079</b>
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>662</b>

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Premium Determination	Rule 201	Replacement	AR-PC-07-026524 HO Ex Rule 201 (04-08).pdf

**THE OHIO CASUALTY INSURANCE COMPANY®  
 WEST AMERICAN INSURANCE COMPANY®  
 AMERICAN FIRE AND CASUALTY COMPANY®  
 HOMEOWNERS 2000 POLICY PROGRAM MANUAL  
 SECTION I - RATES**

**RULE 201.  
 PREMIUM DETERMINATION**

- [RATING SEQUENCE](#)
- [BASE RATES](#)
- [COMPANY FACTOR](#)
- [FORM FACTOR](#)
- [TERRITORY RELATIVITIES](#)
- [PROTECTION CLASS/CONSTRUCTION TYPE RELATIVITIES](#)
- [AMOUNT OF INSURANCE](#)
- [MARKET TIERS AND RATING FACTORS](#)

**A. RATING SEQUENCE**

1. Premiums for each homeowners policy will be determined using the following rating sequence and the rates and factors displayed in the rules reference below.
2. Round to the nearest penny at the end of the Base Premium and Basic Premium calculations. Do not round during intermediate steps.

Rule		
		BASE PREMIUM
201 B.		Base Rates by Form
201 C.	x	Company Deviation Factor
201 D.	x	Form Factor
201 E.	x	Territory Relativity
201 F.	x	Protection Class/Construction Type
201 G.	x	Amount Of Insurance
		BASIC PREMIUM
204	x	Deductible Factor
210, 227 244, 245, 246,	x	Coverage Modification Relativity
208	x	Replacement Cost (Coverage A)
207	x	Replacement Cost (Coverage C)
235	x	Replacement Cost Loss Settlement on Certain Non-Building Structures
209	x	Special Personal Property Coverage
232	x	Modified Other Insurance Conditions
228	x	Ordinance or Law Coverage
206	x	Townhouse or Rowhouse Surcharge
205	x	Protective Devices Discount
202	x	Age of Home
201 H.	x	Market Tier Factor

Introduction	x	Package (Fam Pak) Discount
A.4.	x	Group Discount
105.	+	Secondary and Seasonal Residence Premises
115		Minimum Premium

3. Add premium for miscellaneous coverages and endorsements in the following order.

**Rule**

219		Permitted Incidental Occupancies
219	+	Residence Premises - Section I
307	+	Residence Premises - Section II
307	+	Other Residence - Section II
220		Other Structures
	+	Specific Structure On Premises - Increased Limits
	+	Specific Structure On Premises - Rented to Others
	+	Off Premises Structures - Blanket Coverage for Owner Forms
	+	Specific Structure Off Premises
221		Personal Property
	+	Coverage C Increased Limit
	+	Increased Limits - Other Residences
	+	Increased Special Limits of Liability
	+	Personal Property - Scheduled
		Condominium Coverages
318	+	Units Regularly Rented to Others
214	+	Unit Owners Coverage A Special Coverage
213	+	Unit Owners Coverage A Increased Limits
215		Loss Assessment Coverage
	+	Residence Premises - Higher Limits
	+	Additional Locations
		Farming
313		Farmers Personal Liability
313	+	Farms Owned by Insured and Operated by Insured or Insured Employees
313	+	Farms Owned by Insured and Rented to Others
313	+	Farm Employees
314	+	Incidental Farming Personal Liability
237	+	Livestock Collision Coverage
		Business Coverages
308	+	Business Pursuits
322	+	Beauty Shop or Barber Shop Liability
223	+	Business Property Increased Limit

238	+	Landlord's Furnishings
		Home Business Protection Plan
		Other Property Coverages
211	+	Electronic Systems Coverage
212	+	Homeowners Optional Additional Coverages
216	+	Credit/Debit Card, Forgery, Counterfeit Money
217	+	Fire Department Service Charge
222	+	Loss of Use - Increased Limit
224	+	Waterbed Coverage
225	+	Water Backup & Sump Discharge
226	+	Theft of Building Material - Dwelling Under Construction
231	+	Sinkhole Collapse
236	+	Rental to Others Extended Theft Coverage
239	+	Assisted Living Care Coverage
240	+	Other Members of Named Insured Household
241	+	Residence Held in Trust
242	+	Student Away from Home
243	+	Identity Fraud Expense Coverage
229	+	Building Additions and Alterations at Other Residences
230	+	Building Additions and Alterations HO 00 04
		Other Liability Coverages
301		Residence Premises - Basic and Increased Limits
302,320	+	Other Insured Locations Occupied by Insured
304,320	+	Add'l Residence Rented to Others
310	+	Incidental Low Power Recreational Vehicle
312	+	Owned Snowmobile
306	+	3 or 4 Family Dwelling
209	+	Personal Injury
218	+	Earthquake Coverage
218	+	Loss Assessment for Earthquake

## B. BASE RATES

Base rates are for the following limits:

Coverage Form	Amount of Insurance	Deductible	Liability Limit	Medical Payments
HO 00 02 or HO 00 03	\$100,000	\$500	\$100,000	\$1,000
HO 00 04 or HO 00 06	\$10,000	\$250	\$100,000	\$1,000

Policy Form	Base Rates
HO 00 02, HO 00 03	\$1,803.00
HO 00 04	215.00
HO 00 06	172.00

### C. COMPANY FACTOR

Apply the factor from the factor table based on the company.

Company	HO 00 02 HO 00 03	HO 00 04	HO 00 06
West American Insurance Company	1.000	1.000	1.000
Ohio Casualty Insurance Company	1.250	1.111	1.250
American Fire and Casualty Company	0.937	0.000	0.937

### D. FORM FACTOR

Apply the factor from the factor table based upon the policy form.

Form	Factor
HO 00 02	0.750
HO 00 03	1.000
HO 00 04	1.000
HO 00 06	1.000

### E. TERRITORY RELATIVITIES

Determine the Rating Territory Assignment from the Territory Definitions page based on the risk address and apply the appropriate factor for each peril.

#### HO 00 02 AND HO 00 03

Territory	Factor
030	0.829
031	1.009
089	1.465
090	1.102
091	0.535
092	0.891
093	0.811
094	0.920
095	1.000
096	2.036
097	0.864
098	1.895
099	1.101

#### HO 00 04

Territory	Factor
030	1.000
031	1.000
089	1.000
090	1.000
091	1.000
092	1.000
093	1.000
094	1.000
095	1.000
096	1.000
097	1.000
098	1.000
099	1.000

#### HO 00 06

Territory	Factor
030	1.000
031	1.000
089	1.000
090	1.000
091	1.000
092	1.000
093	1.000
094	1.000
095	1.000
096	1.000
097	1.000
098	1.000
099	1.000

### F. PROTECTION CLASS/CONSTRUCTION TYPE RELATIVITIES

1. These factors will be applied to the fire peril. Use ISO's Community Mitigation Classification Manual to determine Protection Class.
2. See **Rule 119**. Construction Definitions for valid construction types.

**3. Factors.**

HO 00 02 and HO 00 03

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	0.900	0.900	0.765
All	2	1.000	1.000	0.900	0.900	0.765
All	3	1.000	1.000	0.900	0.900	0.765
All	4	1.000	1.000	0.900	0.900	0.765
All	5	1.000	1.000	0.900	0.900	0.765
All	6	1.150	1.150	1.050	1.050	0.893
All	7	1.350	1.350	1.200	1.200	1.020
All	8	1.750	1.750	1.350	1.350	1.148
All	8A	1.750	1.750	1.350	1.350	1.148
All	8B	2.500	2.500	2.200	2.200	1.870
All	9	2.500	2.500	2.200	2.200	1.870
All	10	3.100	3.100	2.700	2.700	2.295

HO 00 04

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	1.000	1.000	0.850
All	2	1.000	1.000	1.000	1.000	0.850
All	3	1.000	1.000	1.000	1.000	0.850
All	4	1.000	1.000	1.000	1.000	0.850
All	5	1.000	1.000	1.000	1.000	0.850
All	6	1.000	1.000	1.000	1.000	0.850
All	7	1.200	1.200	1.200	1.200	1.020
All	8	1.200	1.200	1.200	1.200	1.020
All	8A	1.200	1.200	1.200	1.200	1.020
All	8B	1.450	1.450	1.450	1.450	1.233
All	9	1.450	1.450	1.450	1.450	1.233
All	10	1.800	1.800	1.800	1.800	1.530

HO 00 06

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	1.000	1.000	0.850
All	2	1.000	1.000	1.000	1.000	0.850
All	3	1.000	1.000	1.000	1.000	0.850
All	4	1.000	1.000	1.000	1.000	0.850
All	5	1.000	1.000	1.000	1.000	0.850
All	6	1.000	1.000	1.000	1.000	0.850
All	7	1.200	1.200	1.200	1.200	1.020
All	8	1.200	1.200	1.200	1.200	1.020
All	8A	1.200	1.200	1.200	1.200	1.020
All	8B	1.450	1.450	1.450	1.450	1.233
All	9	1.450	1.450	1.450	1.450	1.233
All	10	1.800	1.800	1.800	1.800	1.530

## G. AMOUNT OF INSURANCE

- Select the desired amount of insurance for Coverage A (HO 2 and HO 3) or Coverage C (HO 4 and HO 6) and apply the appropriate factor from the factor table.
- Interpolate for limits not shown.**

To interpolate, select the two AOIs from the factor table that are immediately above and below the desired AOI, and use the following formula. Do not round.

$$\text{DesiredAOIFactor} = \frac{\text{DesiredAOI} - \text{LowAOI}}{\text{HighAOI} - \text{LowAOI}} (\text{HighAOIFactor} - \text{LowAOIFactor}) + \text{LowAOIFactor}$$

Example:

Desired AOI = 41,200  
 Lower table AOI = 40,000  
 Higher table AOI = 45,000

AOI	Factors
30,000	0.610
35,000	0.620
<b>40,000</b>	<b>0.620</b>
<b>45,000</b>	<b>0.630</b>

$$\text{DesiredAOIFactor} = \frac{\text{DesiredAOI} - \text{LowAOI}}{\text{HighAOI} - \text{LowAOI}} (\text{HighAOIFactor} - \text{LowAOIFactor}) + \text{LowAOIFactor}$$

### 3. Factors

Amount of Insurance	HO 00 02 or HO 00 03 Factor
10,000	0.648
15,000	0.651
20,000	0.653
25,000	0.657
30,000	0.663
35,000	0.676
40,000	0.690
45,000	0.713
50,000	0.738
55,000	0.773
60,000	0.811
65,000	0.857
70,000	0.907
75,000	0.923
80,000	0.933
85,000	0.948
90,000	0.962
95,000	0.981
100,000	1.000
105,000	1.023
110,000	1.045
115,000	1.072
120,000	1.098

Amount of Insurance	HO 00 04 Factor
1,000	0.700
2,000	0.700
3,000	0.700
4,000	0.700
5,000	0.750
6,000	0.800
7,000	0.850
8,000	0.900
9,000	0.950
10,000	1.000
11,000	1.070
12,000	1.140
13,000	1.210
14,000	1.280
15,000	1.350
16,000	1.410
17,000	1.470
18,000	1.530
19,000	1.590
20,000	1.650
21,000	1.710
22,000	1.770
23,000	1.830

Amount of Insurance	HO 00 06 Factor
1,000	0.700
2,000	0.700
3,000	0.700
4,000	0.700
5,000	0.750
6,000	0.800
7,000	0.850
8,000	0.900
9,000	0.950
10,000	1.000
11,000	1.070
12,000	1.140
13,000	1.210
14,000	1.280
15,000	1.350
16,000	1.410
17,000	1.470
18,000	1.530
19,000	1.590
20,000	1.650
21,000	1.710
22,000	1.770
23,000	1.830

125,000	1.128
130,000	1.157
135,000	1.190
140,000	1.222
145,000	1.258
150,000	1.293
155,000	1.331
160,000	1.369
165,000	1.409
170,000	1.448
175,000	1.490
180,000	1.531
185,000	1.574
190,000	1.617
195,000	1.661
200,000	1.705
250,000	2.149
300,000	2.599
350,000	3.049
400,000	3.499
450,000	3.949
500,000	4.399
Each add'l \$1,000	0.009

24,000	1.890
25,000	1.950
26,000	2.010
27,000	2.070
28,000	2.130
29,000	2.190
30,000	2.250
31,000	2.310
32,000	2.370
33,000	2.430
34,000	2.490
35,000	2.550
36,000	2.610
37,000	2.670
38,000	2.730
39,000	2.790
40,000	2.850
41,000	2.910
42,000	2.970
43,000	3.030
44,000	3.090
45,000	3.140
46,000	3.190
47,000	3.230
48,000	3.270
49,000	3.310
50,000	3.350
55,000	3.550
60,000	3.750
65,000	3.950
70,000	4.150
75,000	4.350
80,000	4.550
85,000	4.750
90,000	4.950
95,000	5.150
100,000	5.350
Each Add'l \$1,000	0.040

24,000	1.890
25,000	1.950
26,000	2.010
27,000	2.070
28,000	2.130
29,000	2.190
30,000	2.250
31,000	2.310
32,000	2.370
33,000	2.430
34,000	2.490
35,000	2.550
36,000	2.610
37,000	2.670
38,000	2.730
39,000	2.790
40,000	2.850
41,000	2.910
42,000	2.970
43,000	3.030
44,000	3.090
45,000	3.140
46,000	3.190
47,000	3.230
48,000	3.270
49,000	3.310
50,000	3.350
55,000	3.550
60,000	3.750
65,000	3.950
70,000	4.150
75,000	4.350
80,000	4.550
85,000	4.750
90,000	4.950
95,000	5.150
100,000	5.350
Each Add'l \$1,000	0.040

## H. MARKET TIERS AND RATING FACTORS

1. Policies will be placed in a Market Tier based on the information returned from ChoicePoint for the first named insured.
2. The following Markets will be used:
  - a. Market 1 - Reserved For Future Use
  - b. Markets 2-9 - Scored Business
  - c. Market 98 - "No Hit"
  - d. Market 99 - "No Score" or "Thin File"
3. Retiering Guidelines
  - a. Agents may rescore policies once annually at the insured's request.

b. OCG will rescore policies as required by law.

4. Renewal Re-Scoring

a. The following rules (in order of precedence) are applicable:

- 1) Credit reports shall be obtained for the first named insured every 3 years.
- 2) Policies may move up or down only one market tier per review, subject to the following credit reclassification rules:
  - a) It is the re-scored renewal date for the policy, AND the policy satisfies the requirement for the better market tier.
  - b) It is the re-scored renewal date for the policy, AND the policy satisfies the requirement for the worse market tier.

b. Renewal Re-Scoring Exception:

A policy where the first named insured was a prior “No Hit or No Score” will be subject to new business market tier rules, and will be placed in the appropriate market tier based on his/her renewal insurance score.

5. Apply the appropriate factor from the state factor table.

6. Rating Factor Table:

<b>MARKET TIER</b>	<b>HO 00 02, HO 00 03 RATING FACTORS</b>	<b>HO 00 04 RATING FACTORS</b>	<b>HO 00 06 RATING FACTORS</b>
1	N/A	N/A	N/A
2	1.000	1.000	1.000
3	1.000	1.000	1.000
4	0.700	0.800	0.800
5	0.600	0.650	0.650
6	0.450	0.650	0.650
7	0.350	0.600	0.600
8	0.300	0.500	0.500
9	0.300	0.500	0.500
98	0.350	0.800	0.800
99	0.350	0.800	0.800

SERFF Tracking Number: LBRM-125540567 State: Arkansas  
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: 2008-00968  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: 2008 Arkansas Homeowners Fast Path  
Project Name/Number: 2008 Arkansas Homeowners Fast Path/2008-00968

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 03/21/2008

**Comments:**

**Attachment:**

HO Transmittal.pdf

**Satisfied -Name:** HPCS-Homeowners Premium Comparison Survey **Review Status:** Filed 03/21/2008

**Comments:**

**Attachments:**

HO Form HPCS OC.xls  
HO Form HPCS WA.xls  
HO Form HPCS AFC.xls  
HO Form HPCS OC.pdf  
HO Form HPCS WA.pdf  
HO Form HPCS AFC.pdf

**Satisfied -Name:** Homeowners Abstract **Review Status:** Filed 03/21/2008

**Comments:**

**Attachments:**

OC HO Abstract.pdf  
WA HO Abstract.pdf  
AFC HO Abstract.pdf

**Satisfied -Name:** Filing Memorandums **Review Status:** Filed 03/21/2008

**Comments:**

Please find our response to your Objection Letter in the attached exhibit showing the development of the indicated change amounts.

**Attachments:**

*SERFF Tracking Number:*      *LBRM-125540567*                      *State:*                      *Arkansas*  
*First Filing Company:*      *The Ohio Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *2008-00968*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *2008 Arkansas Homeowners Fast Path*  
*Project Name/Number:*                      *2008 Arkansas Homeowners Fast Path/2008-00968*

AR HO Rule Memo 0408.pdf

AR Filing Memo 0408.pdf

AR HO Indications.pdf

SERFF Tracking Number: LBRM-125540567 State: Arkansas  
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: 2008-00968  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: 2008 Arkansas Homeowners Fast Path  
Project Name/Number: 2008 Arkansas Homeowners Fast Path/2008-00968

**Satisfied -Name:** RF-1 Loss Cost Data Entry **Review Status:** Filed 03/21/2008

**Comments:**

**Attachments:**

FORM RF-1 Rate Filing Abstract OC.pdf  
FORM RF-1 Rate Filing Abstract WA.pdf  
FORM RF-1 Rate Filing Abstract AFC.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #	
-----	---	--

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

22.	<b>Filing Fees</b> (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]
-----	---

**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.)**

PC TD-1 pg 2 of 2

NAIC Number: 111-24074  
 Company Name: The Ohio Casualty Insurance Company  
 Contact Person: Albert Johnson  
 Telephone No.: (513) 603-2291  
 Email Address: Albert.Johnson@libertymutual.com  
 Effective Date: 12-Apr-08

**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	\$466.00	\$517.00	\$527.00	\$586.00	\$1,168.00	\$1,298.00	\$1,168.00	\$1,298.00	\$1,087.00	\$1,208.00	\$1,087.00	\$1,208.00	\$631.00	\$702.00	\$511.00	\$568.00	\$579.00	\$643.00
	\$120,000	\$547.00	\$608.00	\$621.00	\$690.00	\$1,375.00	\$1,527.00	\$1,375.00	\$1,527.00	\$1,279.00	\$1,421.00	\$1,279.00	\$1,421.00	\$743.00	\$825.00	\$601.00	\$669.00	\$681.00	\$756.00
	\$160,000	\$683.00	\$759.00	\$775.00	\$860.00	\$1,713.00	\$1,904.00	\$1,713.00	\$1,904.00	\$1,595.00	\$1,772.00	\$1,595.00	\$1,772.00	\$926.00	\$1,029.00	\$749.00	\$833.00	\$849.00	\$943.00
6	\$80,000	\$542.00	\$594.00	\$615.00	\$674.00	\$1,362.00	\$1,492.00	\$1,362.00	\$1,492.00	\$1,268.00	\$1,389.00	\$1,268.00	\$1,389.00	\$736.00	\$807.00	\$596.00	\$652.00	\$675.00	\$739.00
	\$120,000	\$638.00	\$699.00	\$724.00	\$793.00	\$1,603.00	\$1,755.00	\$1,603.00	\$1,755.00	\$1,492.00	\$1,634.00	\$1,492.00	\$1,634.00	\$867.00	\$949.00	\$702.00	\$769.00	\$795.00	\$870.00
	\$160,000	\$796.00	\$872.00	\$903.00	\$989.00	\$1,999.00	\$2,189.00	\$1,999.00	\$2,189.00	\$1,860.00	\$2,037.00	\$1,860.00	\$2,037.00	\$1,081.00	\$1,184.00	\$875.00	\$957.00	\$991.00	\$1,085.00
9	\$80,000	\$1,137.00	\$1,292.00	\$1,290.00	\$1,466.00	\$2,854.00	\$3,243.00	\$2,854.00	\$3,243.00	\$2,656.00	\$3,019.00	\$2,656.00	\$3,019.00	\$1,543.00	\$1,753.00	\$1,249.00	\$1,419.00	\$1,414.00	\$1,607.00
	\$120,000	\$1,338.00	\$1,520.00	\$1,518.00	\$1,725.00	\$3,358.00	\$3,817.00	\$3,358.00	\$3,817.00	\$3,126.00	\$3,552.00	\$3,126.00	\$3,552.00	\$1,816.00	\$2,063.00	\$1,470.00	\$1,671.00	\$1,664.00	\$1,892.00
	\$160,000	\$1,669.00	\$1,896.00	\$1,893.00	\$2,150.00	\$4,187.00	\$4,759.00	\$4,187.00	\$4,759.00	\$3,898.00	\$4,429.00	\$3,898.00	\$4,429.00	\$2,264.00	\$2,573.00	\$1,832.00	\$2,083.00	\$2,076.00	\$2,358.00

**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																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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

**HO3 and HO4 only**

Fire Extinguisher	0	%	Deadbolt Lock	0	%
Burglar Alarm	3	%	Window Locks	0	%
Smoke Alarm	2	%	\$1,000 Deductible	N/A	%
			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	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	BASE IS 5	%

Zone Brick Frame

Central Station	5	%
Maximum Credit Allowed	23	%

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Highest Risk	\$	2.8	\$	1.22
Lowest Risk	\$	1.13	\$	0.42

I

NAIC Number: 111-44393  
 Company Name: West American Insurance Company  
 Contact Person: Albert Johnson  
 Telephone No.: (513) 603-2291  
 Email Address: Albert.Johnson@libertymutual.com  
 Effective Date: 12-Apr-08

**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	\$372.00	\$413.00	\$422.00	\$469.00	\$934.00	\$1,038.00	\$934.00	\$1,038.00	\$870.00	\$966.00	\$870.00	\$966.00	\$505.00	\$562.00	\$409.00	\$453.00	\$463.00	\$514.00
	\$120,000	\$438.00	\$487.00	\$497.00	\$552.00	\$1,099.00	\$1,221.00	\$1,099.00	\$1,221.00	\$1,023.00	\$1,137.00	\$1,023.00	\$1,137.00	\$595.00	\$661.00	\$481.00	\$534.00	\$544.00	\$605.00
	\$160,000	\$546.00	\$606.00	\$619.00	\$688.00	\$1,371.00	\$1,523.00	\$1,371.00	\$1,523.00	\$1,276.00	\$1,417.00	\$1,276.00	\$1,417.00	\$741.00	\$823.00	\$600.00	\$667.00	\$679.00	\$754.00
6	\$80,000	\$434.00	\$476.00	\$493.00	\$539.00	\$1,090.00	\$1,194.00	\$1,090.00	\$1,194.00	\$1,014.00	\$1,111.00	\$1,014.00	\$1,111.00	\$589.00	\$645.00	\$477.00	\$522.00	\$540.00	\$592.00
	\$120,000	\$511.00	\$560.00	\$580.00	\$635.00	\$1,283.00	\$1,405.00	\$1,283.00	\$1,405.00	\$1,194.00	\$1,307.00	\$1,194.00	\$1,307.00	\$693.00	\$760.00	\$562.00	\$614.00	\$635.00	\$696.00
	\$160,000	\$636.00	\$698.00	\$723.00	\$792.00	\$1,599.00	\$1,751.00	\$1,599.00	\$1,751.00	\$1,489.00	\$1,630.00	\$1,489.00	\$1,630.00	\$865.00	\$947.00	\$700.00	\$767.00	\$793.00	\$868.00
9	\$80,000	\$909.00	\$1,033.00	\$1,032.00	\$1,173.00	\$2,284.00	\$2,595.00	\$2,284.00	\$2,595.00	\$2,125.00	\$2,415.00	\$2,125.00	\$2,415.00	\$1,234.00	\$1,403.00	\$999.00	\$1,135.00	\$1,131.00	\$1,286.00
	\$120,000	\$1,071.00	\$1,216.00	\$1,214.00	\$1,380.00	\$2,687.00	\$3,053.00	\$2,687.00	\$3,053.00	\$2,501.00	\$2,842.00	\$2,501.00	\$2,842.00	\$1,453.00	\$1,651.00	\$1,176.00	\$1,336.00	\$1,331.00	\$1,513.00
	\$160,000	\$1,334.00	\$1,517.00	\$1,514.00	\$1,720.00	\$3,350.00	\$3,807.00	\$3,350.00	\$3,807.00	\$3,118.00	\$3,543.00	\$3,118.00	\$3,543.00	\$1,811.00	\$2,058.00	\$1,466.00	\$1,665.00	\$1,660.00	\$1,887.00

**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																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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

**HO3 and HO4 only**

Fire Extinguisher	0 %	Deadbolt Lock	0 %
Burglar Alarm	3 %	Window Locks	0 %
Smoke Alarm	2 %	\$1,000 Deductible	N/A %
		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 (yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	BASE IS 5 %

Zone Brick Frame

Central Station	5	%
Maximum Credit Allowed	23	%

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Highest Risk	\$	2.8	\$	1.22
Lowest Risk	\$	1.13	\$	0.42

I

NAIC Number: 111-24066  
 Company Name: American Fire & Casualty Company  
 Contact Person: Albert Johnson  
 Telephone No.: (513) 603-2291  
 Email Address: Albert.Johnson@libertymutual.com  
 Effective Date: 12-Apr-08

**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	\$348.00	\$387.00	\$396.00	\$439.00	\$876.00	\$973.00	\$876.00	\$973.00	\$814.00	\$905.00	\$814.00	\$905.00	\$474.00	\$526.00	\$383.00	\$425.00	\$433.00	\$482.00
	\$120,000	\$410.00	\$456.00	\$466.00	\$517.00	\$1,030.00	\$1,144.00	\$1,030.00	\$1,144.00	\$958.00	\$1,066.00	\$958.00	\$1,066.00	\$557.00	\$619.00	\$450.00	\$501.00	\$510.00	\$568.00
	\$160,000	\$511.00	\$569.00	\$581.00	\$644.00	\$1,284.00	\$1,427.00	\$1,284.00	\$1,427.00	\$1,195.00	\$1,328.00	\$1,195.00	\$1,328.00	\$695.00	\$772.00	\$563.00	\$624.00	\$636.00	\$707.00
6	\$80,000	\$407.00	\$445.00	\$462.00	\$505.00	\$1,021.00	\$1,118.00	\$1,021.00	\$1,118.00	\$950.00	\$1,041.00	\$950.00	\$1,041.00	\$552.00	\$605.00	\$447.00	\$490.00	\$506.00	\$554.00
	\$120,000	\$479.00	\$524.00	\$543.00	\$595.00	\$1,202.00	\$1,316.00	\$1,202.00	\$1,316.00	\$1,118.00	\$1,225.00	\$1,118.00	\$1,225.00	\$649.00	\$712.00	\$526.00	\$576.00	\$596.00	\$652.00
	\$160,000	\$597.00	\$653.00	\$677.00	\$741.00	\$1,499.00	\$1,641.00	\$1,499.00	\$1,641.00	\$1,395.00	\$1,527.00	\$1,395.00	\$1,527.00	\$810.00	\$887.00	\$655.00	\$718.00	\$742.00	\$813.00
9	\$80,000	\$852.00	\$969.00	\$967.00	\$1,099.00	\$2,139.00	\$2,431.00	\$2,139.00	\$2,431.00	\$1,991.00	\$2,262.00	\$1,991.00	\$2,262.00	\$1,156.00	\$1,314.00	\$936.00	\$1,064.00	\$1,061.00	\$1,205.00
	\$120,000	\$1,003.00	\$1,139.00	\$1,137.00	\$1,293.00	\$2,518.00	\$2,861.00	\$2,518.00	\$2,861.00	\$2,343.00	\$2,662.00	\$2,343.00	\$2,662.00	\$1,361.00	\$1,547.00	\$1,102.00	\$1,252.00	\$1,247.00	\$1,418.00
	\$160,000	\$1,250.00	\$1,421.00	\$1,418.00	\$1,612.00	\$3,139.00	\$3,567.00	\$3,139.00	\$3,567.00	\$2,922.00	\$3,320.00	\$2,922.00	\$3,320.00	\$1,698.00	\$1,929.00	\$1,374.00	\$1,561.00	\$1,555.00	\$1,769.00

**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																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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

**HO3 and HO4 only**

Fire Extinguisher	0	%	Deadbolt Lock	0	%
Burglar Alarm	3	%	Window Locks	0	%
Smoke Alarm	2	%	\$1,000 Deductible	N/A	%
			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	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	BASE IS 5	%

Zone Brick Frame

Central Station	5	%
Maximum Credit Allowed	23	%

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Highest Risk	\$	2.8	\$	1.22
Lowest Risk	\$	1.13	\$	0.42

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**ARKANSAS INSURANCE DEPARTMENT**  
**FORM H-1 HOMEOWNERS ABSTRACT**

**INSTRUCTIONS:** All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Ohio Casualty Insurance Company

NAIC No. 24074

GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u> %
b. Burglar Alarm	<u>3</u> %
c. Smoke Alarm	<u>2</u> %
d. Insured who has both homeowners and auto with your company	<u>15</u> %
e. Deadbolt Locks	<u>0</u> %
f. Window or Door Locks	<u>0</u> %
g. Other (Specify)	<u>Fire Dept Reporting 3</u> %
<u>Central Station fire or burglar</u>	<u>5</u> %
<u>Automatic Sprinkler System</u>	<u>8 - 13</u> %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

No

If so, state areas and explain reason for not writing \_\_\_\_\_

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-02	\$1,055
HO-03	\$86,238
HO-04	\$1,433
HO-06	\$1,575

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge \_\_\_\_\_

Does the surcharge apply to conventional fire places? No

If yes, state surcharge \_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Albert Johnson*

\_\_\_\_\_  
Signature

Albert Johnson

Printed Name

Actuarial Assistant

Title

(513)603-2291

Telephone Number

Albert.Johnson@libertymutual.com

Email Address

**ARKANSAS INSURANCE DEPARTMENT**  
**FORM H-1 HOMEOWNERS ABSTRACT**

**INSTRUCTIONS:** All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name West American Insurance Company

NAIC No. 44393

GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u> %
b. Burglar Alarm	<u>3</u> %
c. Smoke Alarm	<u>2</u> %
d. Insured who has both homeowners and auto with your company	<u>15</u> %
e. Deadbolt Locks	<u>0</u> %
f. Window or Door Locks	<u>0</u> %
g. Other (Specify)	<u>Fire Dept Reporting</u> <u>3</u> %
<u>Central Station fire or burglar</u>	<u>5</u> %
<u>Automatic Sprinkler System</u>	<u>8 - 13</u> %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

No

If so, state areas and explain reason for not writing \_\_\_\_\_

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-02	\$437
HO-03	\$684,999
HO-04	\$6,244
HO-06	\$8,089

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge \_\_\_\_\_

Does the surcharge apply to conventional fire places? No

If yes, state surcharge \_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Albert Johnson

Printed Name

Actuarial Assistant

Title

(513)603-2291

Telephone Number

Albert.Johnson@libertymutual.com

Email Address

**ARKANSAS INSURANCE DEPARTMENT**  
**FORM H-1 HOMEOWNERS ABSTRACT**

**INSTRUCTIONS:** All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name American Fire & Casualty Company

NAIC No. 24066

GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u> %
b. Burglar Alarm	<u>3</u> %
c. Smoke Alarm	<u>2</u> %
d. Insured who has both homeowners and auto with your company	<u>15</u> %
e. Deadbolt Locks	<u>0</u> %
f. Window or Door Locks	<u>0</u> %
g. Other (Specify)	<u>Fire Dept Reporting 3</u> %
<u>Central Station fire or burglar</u>	<u>5</u> %
<u>Automatic Sprinkler System</u>	<u>8 - 13</u> %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

No

If so, state areas and explain reason for not writing \_\_\_\_\_

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-03	\$110,529
HO-06	\$1,309
_____	_____
_____	_____

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge \_\_\_\_\_

Does the surcharge apply to conventional fire places? No

If yes, state surcharge \_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Albert Johnson*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Albert Johnson

Printed Name

\_\_\_\_\_  
Actuarial Assistant

Title

\_\_\_\_\_  
(513)603-2291

Telephone Number

\_\_\_\_\_  
Albert.Johnson@libertymutual.com

Email Address

**The Ohio Casualty Insurance Company  
West American Insurance Company  
American Fire and Casualty Company  
HOMEOWNERS PROGRAM  
Rule Filing Memorandum  
Arkansas**

**Revised Manual**

Rule 201.E. Premium Determination. Territory Relativities. Revised Territory Relativity Table HO 00 02 and HO 00 03 to reflect new factors.

Please refer to the Actuarial Memorandum for further details.

**STATE OF ARKANSAS**

**HOMEOWNERS**

**OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY**

**FILING MEMORANDUM**

This memorandum and the attached exhibits represent a proposed revision to the Homeowners program for the above captioned companies. The proposed effective dates for this revision are: 04/12/2008 for new business and 05/13/2008 for renewals. The estimated overall rate level effect is -4.7% and is solely due to revised territory relativities.

Supporting exhibits are as follows:

**Summary of Changes**

Exhibit I - SUMMARY OF PROPOSED CHANGES

Exhibit II - REVISED TERRITORY RELATIVITIES

Current and proposed territory relativities are shown, along with the statewide impact.

STATE OF ARKANSAS

Exhibit I

HOMEOWNERS

OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY

SUMMARY OF PROPOSED CHANGES

A comparison of the indications and impacts for the above referenced companies is given below:

<u>FORM</u>	<u>Inforce as of 9/20/07</u> <u>Written</u> <u>Premium</u>	<u>Indicated</u> <u>Change</u>	<u>Proposed</u> <u>Change (a)</u>
Owners - Forms 2 and 3	\$883,879	1.8%	-4.8%
Tenants - Form 4	\$7,475	-1.6%	0.0%
Form 6	\$10,553	-1.6%	0.0%
Tenants Subtotal	\$18,028	-1.6%	0.0%
All Forms	\$901,907	1.7%	-4.7%

(a) Includes effect of proposed:  
- Territory Relativities

## HOMEOWNERS

**OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY**

**SUMMARY OF TERRITORY RELATIVITY CHANGES**

The following page displays the current and proposed territory relativities for our HO 2s and HO 3s, along with the overall change by territory. The territory relativities for forms HO 4 and HO 6 will remain the same.

The determination of the revised territory relativities were based on a review of our competitive position in the state.

Territory	Written Premium*	Current Relativity	Proposed Relativity	Impact
30	33,861	0.901	0.829	-8.0%
31	9,435	1.009	1.009	0.0%
89	109,947	1.592	1.465	-8.0%
90	16,986	1.198	1.102	-8.0%
91	220,979	0.581	0.535	-7.9%
92	114,492	0.968	0.891	-8.0%
93	52,459	0.882	0.811	-8.0%
94	7,934	0.836	0.920	10.0%
95	200,872	1.000	1.000	0.0%
96	1,035	1.851	2.036	10.0%
97	7,966	0.939	0.864	-8.0%
98	34,236	1.723	1.895	10.0%
99	1,550	1.101	1.101	0.0%
Total	811,752			-4.9%

\* The Written Premium Amounts include premium for both HO 2s and HO 3s.

**STATE OF ARKANSAS**  
**OVERALL (Ohio Casualty, West American, American Fire & Casualty Companies)**  
**HOMEOWNERS - FORMS 2 & 3**  
**RATE LEVEL INDICATIONS**  
**RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
Page 1

<b>Calendar/Accident Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$950,506	\$1,032,845	\$962,414	\$931,732	\$878,878
(2) On-Level Factor	1.544	1.278	1.066	1.033	1.026
(3) Earned Premium On-Level [(1)*(2)]	\$1,467,783	\$1,320,100	\$1,026,258	\$962,330	\$901,401
(4) Current Amount Factor	1.257	1.230	1.182	1.065	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$1,845,002	\$1,623,723	\$1,213,036	\$1,024,882	\$901,401
(6) Unadjusted Incurred Losses Evaluated as of: 09/30/07	\$770,874	\$642,376	\$519,622	\$692,009	\$172,715
(7) Normal Incurred Loss	\$763,342	\$589,923	\$504,216	\$608,011	\$155,918
(8) Catastrophe Factor	1.128	1.128	1.128	1.128	1.128
(9) Cat-Adjusted Incurred Loss [(7)*(8)]	\$861,115	\$665,483	\$568,799	\$685,888	\$175,888
(10) Loss Development Factor	1.000	1.000	1.005	1.023	1.079
(11) Developed Cat-Adjusted Incurred Loss [(9)*(10)]	\$861,115	\$665,483	\$571,643	\$701,663	\$189,783
(12) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(13) Defense and Cost Containment [ (11)*(12) ]	\$23,522	\$18,178	\$15,615	\$19,166	\$5,184
(14) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(15) Adjusting and Other Expenses [ (11)*(14) ]	\$92,060	\$71,145	\$61,113	\$75,013	\$20,289
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$976,697	\$754,806	\$648,371	\$795,842	\$215,256
(17) Current Cost Factor	1.126	1.093	1.061	1.030	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$1,099,281	\$824,797	\$687,857	\$819,718	\$215,256
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.596	0.508	0.567	0.800	0.239
(20) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(21) Earned House-Year Exposures	1,205	1,152	982	1,032	1,304
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.542
(23) Loss Projection Factor					1.241
(24) Trend from First Dollar of Loss Adjustment					1.020
(25) Premium Projection Factor					1.154
(26) Projected Experience Loss & LAE Ratio [(22)*(23)*(24)/(25)]					0.595
(27) Permissible Loss & LAE Ratio					0.597
(28) Permissible Loss & LAE Ratio Trend Factor					1.031
(29) Trended Permissible Loss & LAE Ratio [(27)*(28)]					0.615
(30) Credibility ({{Sum (21)}/40,000}^0.5)					0.377
(31) Credibility-Weighted Projected Loss and LAE Ratio {(26)*(30)+(29)*[1-(30)]}					0.607
(32) Indicated Rate Level Change [(31)/(27)-1]					1.8%

**STATE OF ARKANSAS**  
**OVERALL (Ohio Casualty, West American, American Fire & Casualty Companies)**  
**HOMEOWNERS - FORMS 4 & 6**  
**RATE LEVEL INDICATIONS**  
**RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
Page 2

<b>Calendar Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$33,288	\$31,233	\$30,800	\$25,619	\$24,142
(2) On-Level Factor	1.032	1.027	0.983	0.974	0.992
(3) Earned Premium On-Level [(1)*(2)]	\$34,362	\$32,065	\$30,263	\$24,954	\$23,959
(4) Current Amount Factor	1.082	1.070	1.053	1.068	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$37,179	\$34,309	\$31,867	\$26,651	\$23,959
(6) Unadjusted Incurred Losses Evaluated as of: 9/30/07	\$14,184	\$1,541	\$9,078	\$6,462	\$0
(7) Loss Development Factor	1.000	1.000	1.000	1.018	1.026
(8) Developed Incurred Losses [(6)*(7)]	\$14,184	\$1,541	\$9,078	\$6,578	\$0
(9) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(10) Defense and Cost Containment [ (8)*(9) ]	\$387	\$42	\$248	\$180	\$0
(11) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(12) Adjusting and Other Expenses [ (8)*(11) ]	\$1,516	\$165	\$971	\$703	\$0
(13) Developed Inc Loss & LAE [(8)+(10)+(12)]	\$16,088	\$1,748	\$10,297	\$7,462	\$0
(14) Current Cost Factor	1.000	1.000	1.000	1.000	1.000
(15) Adj. Inc. Loss & LAE @ Current Cost [(13)*(14)]	\$16,088	\$1,748	\$10,297	\$7,462	\$0
(16) Adj. Current Loss & LAE Ratio [(15)/(5)]	0.433	0.051	0.323	0.280	0.000
(17) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(18) Earned Exposures	91	81	77	62	70
(19) Weighted Adj. Current Loss & LAE Ratio [Sum (16)*(17)]					0.217
(20) Loss Projection Factor					1.184
(21) Trend from First Dollar of Loss Adjustment					1.025
(22) Premium Projection Factor					1.043
(23) Projected Experience Loss & LAE Ratio [(19)*(20)*(21)/(22)]					0.253
(24) Permissible Loss & LAE Ratio					0.492
(25) Permissible Loss & LAE Ratio Trend Factor					1.052
(26) Trended Permissible Loss & LAE Ratio [(24)*(25)]					0.517
(27) Credibility ({[Sum (18)]/25,000}^0.5)					0.124
(28) Credibility-Weighted Projected Loss and LAE Ratio {(23)*(27)+(26)*[1-(27)]}					0.484
(29) Indicated Rate Level Change [(28)/(24)-1]					-1.6%

**STATE OF ARKANSAS  
OHIO CASUALTY INSURANCE COMPANY  
HOMEOWNERS - FORMS 2 & 3  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
Page 3

<b>Calendar/Accident Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$130,384	\$138,471	\$124,490	\$112,593	\$86,852
(2) On-Level Factor	1.552	1.284	1.070	1.033	1.005
(3) Earned Premium On-Level [(1)*(2)]	\$202,356	\$177,797	\$133,204	\$116,309	\$87,286
(4) Current Amount Factor	1.257	1.230	1.182	1.065	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$254,361	\$218,690	\$157,447	\$123,869	\$87,286
(6) Unadjusted Incurred Losses Evaluated as of: 09/30/07	\$14,059	\$120,214	\$70,885	\$82,179	\$28,487
(7) Normal Incurred Loss	\$14,059	\$105,845	\$70,885	\$74,617	\$22,223
(8) Castastrophe Factor	1.128	1.128	1.128	1.128	1.128
(9) Cat-Adjusted Incurred Loss [(7)*(8)]	\$15,860	\$119,402	\$79,965	\$84,175	\$25,070
(10) Loss Development Factor	1.000	1.000	1.005	1.023	1.079
(11) Developed Cat-Adjusted Incurred Loss [(9)*(10)]	\$15,860	\$119,402	\$80,365	\$86,111	\$27,051
(12) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(13) Defense and Cost Containment [ (11)*(12) ]	\$433	\$3,261	\$2,195	\$2,352	\$739
(14) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(15) Adjusting and Other Expenses [ (11)*(14) ]	\$1,696	\$12,765	\$8,592	\$9,206	\$2,892
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$17,989	\$135,428	\$91,152	\$97,669	\$30,682
(17) Current Cost Factor	1.126	1.093	1.061	1.030	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$20,246	\$147,986	\$96,703	\$100,599	\$30,682
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.080	0.677	0.614	0.812	0.352
(20) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(21) Earned House-Year Exposures	153	138	108	94	86
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.507
(23) Loss Projection Factor					1.241
(24) Trend from First Dollar of Loss Adjustment					1.020
(25) Premium Projection Factor					1.154
(26) Projected Experience Loss & LAE Ratio [(22)*(23)*(24)/(25)]					0.556
(27) Permissible Loss & LAE Ratio					0.597
(28) Permissible Loss & LAE Ratio Trend Factor					1.031
(29) Trended Permissible Loss & LAE Ratio [(27)*(28)]					0.615
(30) Credibility ({{Sum (21)}/40,000}^0.5)					0.120
(31) Credibility-Weighted Projected Loss and LAE Ratio {(26)*(30)+(29)*[1-(30)]}					0.601
(32) Indicated Rate Level Change [(31)/(27)-1]					0.7%
(33) Balanced Indicated Rate Level Change					0.8%

**STATE OF ARKANSAS  
OHIO CASUALTY INSURANCE COMPANY  
HOMEOWNERS - FORMS 4 & 6  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
Page 4

<b>Calendar Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$6,792	\$6,752	\$7,275	\$5,679	\$5,110
(2) On-Level Factor	1.054	1.054	1.009	1.000	1.000
(3) Earned Premium On-Level [(1)*(2)]	\$7,159	\$7,117	\$7,340	\$5,679	\$5,110
(4) Current Amount Factor	1.082	1.070	1.053	1.068	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$7,746	\$7,615	\$7,729	\$6,065	\$5,110
(6) Unadjusted Incurred Losses Evaluated as of: 9/30/07	\$12,362	\$1,541	\$1,223	\$3,421	\$0
(7) Loss Development Factor	1.000	1.000	1.000	1.018	1.026
(8) Developed Incurred Losses [(6)*(7)]	\$12,362	\$1,541	\$1,223	\$3,483	\$0
(9) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(10) Defense and Cost Containment [ (11)*(12) ]	\$338	\$42	\$33	\$95	\$0
(11) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(12) Adjusting and Other Expenses [ (11)*(14) ]	\$1,322	\$165	\$131	\$372	\$0
(13) Developed Inc Loss & LAE [(8)+(10)+(12)]	\$14,022	\$1,748	\$1,387	\$3,950	\$0
(14) Current Cost Factor	1.000	1.000	1.000	1.000	1.000
(15) Adj. Inc. Loss & LAE @ Current Cost [(13)*(14)]	\$14,022	\$1,748	\$1,387	\$3,950	\$0
(16) Adj. Current Loss & LAE Ratio [(15)/(5)]	1.810	0.230	0.179	0.651	0.000
(17) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(18) Earned Exposures	21	19	19	16	18
(19) Weighted Adj. Current Loss & LAE Ratio [Sum (16)*(17)]					0.574
(20) Loss Projection Factor					1.184
(21) Trend from First Dollar of Loss Adjustment					1.025
(22) Premium Projection Factor					1.043
(23) Projected Experience Loss & LAE Ratio [(19)*(20)*(21)/(22)]					0.668
(24) Permissible Loss & LAE Ratio					0.492
(25) Permissible Loss & LAE Ratio Trend Factor					1.052
(26) Trended Permissible Loss & LAE Ratio [(24)*(25)]					0.517
(27) Credibility ( {[Sum (18)]/25,000}^0.5)					0.060
(28) Credibility-Weighted Projected Loss and LAE Ratio {(23)*(27)+(26)*[1-(27)]}					0.495
(29) Indicated Rate Level Change [(28)/(24)-1]					0.7%
(30) Balanced Indicated Rate Level Change					5.7%

**STATE OF ARKANSAS  
WEST AMERICAN INSURANCE COMPANY  
HOMEOWNERS - FORMS 2 & 3  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
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<b>Calendar/Accident Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$671,896	\$740,209	\$700,687	\$688,398	\$673,956
(2) On-Level Factor	1.554	1.286	1.073	1.040	1.034
(3) Earned Premium On-Level [(1)*(2)]	\$1,044,126	\$951,909	\$751,837	\$715,934	\$696,871
(4) Current Amount Factor	1.257	1.230	1.182	1.065	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$1,312,466	\$1,170,848	\$888,671	\$762,470	\$696,871
(6) Unadjusted Incurred Losses Evaluated as of: 09/30/07	\$737,145	\$246,619	\$395,575	\$582,004	\$115,617
(7) Normal Incurred Loss	\$735,510	\$216,357	\$387,292	\$523,014	\$105,083
(8) Castastrophe Factor	1.128	1.128	1.128	1.128	1.128
(9) Cat-Adjusted Incurred Loss [(7)*(8)]	\$829,718	\$244,069	\$436,899	\$590,005	\$118,543
(10) Loss Development Factor	1.000	1.000	1.005	1.023	1.079
(11) Developed Cat-Adjusted Incurred Loss [(9)*(10)]	\$829,718	\$244,069	\$439,083	\$603,575	\$127,908
(12) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(13) Defense and Cost Containment [ (11)*(12) ]	\$22,664	\$6,667	\$11,994	\$16,487	\$3,494
(14) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(15) Adjusting and Other Expenses [ (11)*(14) ]	\$88,703	\$26,093	\$46,941	\$64,527	\$13,674
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$941,085	\$276,829	\$498,018	\$684,589	\$145,076
(17) Current Cost Factor	1.126	1.093	1.061	1.030	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$1,059,200	\$302,498	\$528,348	\$705,127	\$145,076
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.807	0.258	0.595	0.925	0.208
(20) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(21) Earned House-Year Exposures	912	876	766	841	1,121
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.559
(23) Loss Projection Factor					1.241
(24) Trend from First Dollar of Loss Adjustment					1.020
(25) Premium Projection Factor					1.154
(26) Projected Experience Loss & LAE Ratio [(22)*(23)*(24)/(25)]					0.613
(27) Permissible Loss & LAE Ratio					0.597
(28) Permissible Loss & LAE Ratio Trend Factor					1.031
(29) Trended Permissible Loss & LAE Ratio [(27)*(28)]					0.615
(30) Credibility ({{Sum (21)}/40,000}^0.5)					0.340
(31) Credibility-Weighted Projected Loss and LAE Ratio {(26)*(30)+(29)*[1-(30)]}					0.609
(32) Indicated Rate Level Change [(31)/(27)-1]					2.1%
(33) Balanced Indicated Rate Level Change					2.1%

**STATE OF ARKANSAS  
WEST AMERICAN INSURANCE COMPANY  
HOMEOWNERS - FORMS 4 & 6  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
Page 6

Calendar Twelve Months Ending	6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007
(1) Unadjusted Earned Premium	\$24,716	\$22,853	\$22,000	\$18,484	\$18,264
(2) On-Level Factor	1.019	1.016	0.972	0.964	0.990
(3) Earned Premium On-Level [(1)*(2)]	\$25,186	\$23,219	\$21,384	\$17,819	\$18,081
(4) Current Amount Factor	1.082	1.070	1.053	1.068	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$27,251	\$24,844	\$22,517	\$19,031	\$18,081
(6) Unadjusted Incurred Losses Evaluated as of: 9/30/07	\$1,822	\$0	\$7,855	\$3,041	\$0
(7) Loss Development Factor	1.000	1.000	1.000	1.018	1.026
(8) Developed Incurred Losses [(6)*(7)]	\$1,822	\$0	\$7,855	\$3,096	\$0
(9) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(10) Defense and Cost Containment [ (11)*(12) ]	\$50	\$0	\$215	\$85	\$0
(11) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(12) Adjusting and Other Expenses [ (11)*(14) ]	\$195	\$0	\$840	\$331	\$0
(13) Developed Inc Loss & LAE [(8)+(10)+(12)]	\$2,067	\$0	\$8,910	\$3,512	\$0
(14) Current Cost Factor	1.000	1.000	1.000	1.000	1.000
(15) Adj. Inc. Loss & LAE @ Current Cost [(13)*(14)]	\$2,067	\$0	\$8,910	\$3,512	\$0
(16) Adj. Current Loss & LAE Ratio [(15)/(5)]	0.076	0.000	0.396	0.185	0.000
(17) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(18) Earned Exposures	66	59	55	43	50
(19) Weighted Adj. Current Loss & LAE Ratio [Sum (16)*(17)]					0.131
(20) Loss Projection Factor					1.184
(21) Trend from First Dollar of Loss Adjustment					1.025
(22) Premium Projection Factor					1.043
(23) Projected Experience Loss & LAE Ratio [(19)*(20)*(21)/(22)]					0.152
(24) Permissible Loss & LAE Ratio					0.492
(25) Permissible Loss & LAE Ratio Trend Factor					1.052
(26) Trended Permissible Loss & LAE Ratio [(24)*(25)]					0.517
(27) Credibility ({[Sum (18)]/25,000}^0.5)					0.100
(28) Credibility-Weighted Projected Loss and LAE Ratio {(23)*(27)+(26)*[1-(27)]}					0.451
(29) Indicated Rate Level Change [(28)/(24)-1]					-8.3%
(30) Balanced Indicated Rate Level Change					-3.7%

**STATE OF ARKANSAS  
AMERICAN FIRE AND CASUALTY COMPANY  
HOMEOWNERS - FORMS 2 & 3  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
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<b>Calendar/Accident Twelve Months Ending</b>	<b>6/30/2003</b>	<b>6/30/2004</b>	<b>6/30/2005</b>	<b>6/30/2006</b>	<b>6/30/2007</b>
(1) Unadjusted Earned Premium	\$148,226	\$154,165	\$137,237	\$130,741	\$118,070
(2) On-Level Factor	1.493	1.235	1.029	0.995	0.993
(3) Earned Premium On-Level [(1)*(2)]	\$221,301	\$190,394	\$141,217	\$130,087	\$117,244
(4) Current Amount Factor	1.257	1.230	1.182	1.065	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$278,175	\$234,185	\$166,918	\$138,543	\$117,244
(6) Unadjusted Incurred Losses Evaluated as of: 09/30/07	\$19,670	\$275,543	\$53,162	\$27,826	\$28,611
(7) Normal Incurred Loss	\$13,773	\$267,721	\$46,038	\$10,379	\$28,611
(8) Castastrophe Factor	1.128	1.128	1.128	1.128	1.128
(9) Cat-Adjusted Incurred Loss [(7)*(8)]	\$15,537	\$302,012	\$51,935	\$11,709	\$32,276
(10) Loss Development Factor	1.000	1.000	1.005	1.023	1.079
(11) Developed Cat-Adjusted Incurred Loss [(9)*(10)]	\$15,537	\$302,012	\$52,195	\$11,978	\$34,826
(12) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(13) Defense and Cost Containment [ (11)*(12) ]	\$424	\$8,250	\$1,426	\$327	\$951
(14) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(15) Adjusting and Other Expenses [ (11)*(14) ]	\$1,661	\$32,287	\$5,580	\$1,281	\$3,723
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$17,622	\$342,549	\$59,201	\$13,586	\$39,500
(17) Current Cost Factor	1.126	1.093	1.061	1.030	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$19,834	\$374,313	\$62,806	\$13,993	\$39,500
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.071	1.598	0.376	0.101	0.337
(20) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(21) Earned House-Year Exposures	140	137	109	97	97
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.497
(23) Loss Projection Factor					1.241
(24) Trend from First Dollar of Loss Adjustment					1.020
(25) Premium Projection Factor					1.154
(26) Projected Experience Loss & LAE Ratio [(22)*(23)*(24)/(25)]					0.545
(27) Permissible Loss & LAE Ratio					0.597
(28) Permissible Loss & LAE Ratio Trend Factor					1.031
(29) Trended Permissible Loss & LAE Ratio [(27)*(28)]					0.615
(30) Credibility ({{Sum (21)}/40,000}^0.5)					0.120
(31) Credibility-Weighted Projected Loss and LAE Ratio {(26)*(30)+(29)*[1-(30)]}					0.600
(32) Indicated Rate Level Change [(31)/(27)-1]					0.6%
(33) Balanced Indicated Rate Level Change					0.6%

**STATE OF ARKANSAS  
AMERICAN FIRE AND CASUALTY COMPANY  
HOMEOWNERS - FORMS 4 & 6  
RATE LEVEL INDICATIONS  
RENEWALS EFFECTIVE 7/1/2008**

Exhibit I  
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Calendar Twelve Months Ending	6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007
(1) Unadjusted Earned Premium	\$1,780	\$1,628	\$1,525	\$1,456	\$768
(2) On-Level Factor	1.133	1.062	1.009	1.000	1.000
(3) Earned Premium On-Level [(1)*(2)]	\$2,017	\$1,729	\$1,539	\$1,456	\$768
(4) Current Amount Factor	1.082	1.070	1.053	1.068	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$2,182	\$1,850	\$1,621	\$1,555	\$768
(6) Unadjusted Incurred Losses Evaluated as of: 9/30/07	\$0	\$0	\$0	\$0	\$0
(7) Loss Development Factor	1.000	1.000	1.000	1.018	1.026
(8) Developed Incurred Losses [(6)*(7)]	\$0	\$0	\$0	\$0	\$0
(9) Defense and Cost Containment Factor	0.027	0.027	0.027	0.027	0.027
(10) Defense and Cost Containment [ (11)*(12) ]	\$0	\$0	\$0	\$0	\$0
(11) Adjusting and Other Expenses Factor	0.107	0.107	0.107	0.107	0.107
(12) Adjusting and Other Expenses [ (11)*(14) ]	\$0	\$0	\$0	\$0	\$0
(13) Developed Inc Loss & LAE [(8)+(10)+(12)]	\$0	\$0	\$0	\$0	\$0
(14) Current Cost Factor	1.000	1.000	1.000	1.000	1.000
(15) Adj. Inc. Loss & LAE @ Current Cost [(13)*(14)]	\$0	\$0	\$0	\$0	\$0
(16) Adj. Current Loss & LAE Ratio [(15)/(5)]	0.000	0.000	0.000	0.000	0.000
(17) Accident Year Weights	0.200	0.200	0.200	0.200	0.200
(18) Earned Exposures	4	4	3	3	3
(19) Weighted Adj. Current Loss & LAE Ratio [Sum (16)*(17)]					0.000
(20) Loss Projection Factor					1.184
(21) Trend from First Dollar of Loss Adjustment					1.025
(22) Premium Projection Factor					1.043
(23) Projected Experience Loss & LAE Ratio [(19)*(20)*(21)/(22)]					0.000
(24) Permissible Loss & LAE Ratio					0.492
(25) Permissible Loss & LAE Ratio Trend Factor					1.052
(26) Trended Permissible Loss & LAE Ratio [(24)*(25)]					0.517
(27) Credibility ({[Sum (18)]/25,000}^0.5)					0.030
(28) Credibility-Weighted Projected Loss and LAE Ratio {(23)*(27)+(26)*[1-(27)]}					0.469
(29) Indicated Rate Level Change [(28)/(24)-1]					-4.6%
(30) Balanced Indicated Rate Level Change					0.1%

### NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2008-00968
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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	N/A
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Company Name		Company NAIC Number		
3.	A.	<b>Ohio Casualty Insurance Company</b>	B.	<b>111-24074</b>

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.	<b>Personal</b>	B.	<b>Homeowners</b>

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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
<b>Owners</b>	<b>+0.8%</b>	<b>-4.2%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tenants</b>	<b>+5.7%</b>	<b>0.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>TOTAL OVERALL EFFECT</b>	<b>+1.0%</b>	<b>-4.1%</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	
<b>2003</b>	<b>162</b>	<b>0.0%</b>	<b>7/22/03</b>	<b>142</b>	<b>11</b>	<b>7.5</b>	<b>63.3</b>	
<b>2004</b>	<b>125</b>	<b>+23.9%</b>	<b>1/20/04</b>	<b>139</b>	<b>164</b>	<b>117.4</b>	<b>44.9</b>	
<b>2005</b>	<b>108</b>	<b>+0.3%</b>	<b>8/22/04</b>	<b>125</b>	<b>91</b>	<b>73.4</b>	<b>34.3</b>	
<b>2006</b>	<b>107</b>	<b>+4.0%</b>	<b>3/23/06</b>	<b>107</b>	<b>21</b>	<b>19.3</b>	<b>30.6</b>	
<b>2007</b>	<b>95</b>	<b>-0.6%</b>	<b>7/01/07</b>	<b>86</b>	<b>37</b>	<b>42.4</b>	<b>55.3</b>	

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	<b>23.4%</b>
B. General Expense	<b>3.8%</b>
C. Taxes, License & Fees	<b>3.8%</b>
D. Underwriting Profit & Contingencies	<b>9.2%</b>
E. Other (explain)	
<b>F. TOTAL</b>	<b>40.2%</b>

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
9. +10.1% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 94
10. -8.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 30, 92

### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>2008-00968</b>
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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	<b>N/A</b>
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Company Name		Company NAIC Number		
<b>3.</b>	<b>A.</b>	<b>West American Insurance Company</b>	<b>B.</b>	<b>111-44393</b>

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.</b>	<b>A.</b>	<b>Personal</b>	<b>B.</b>	<b>Homeowners</b>

<b>5.</b>			<b>FOR LOSS COSTS ONLY</b>				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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
<b>Owners</b>	<b>+2.1%</b>	<b>-5.1%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tenants</b>	<b>-3.7%</b>	<b>0.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>TOTAL OVERALL EFFECT</b>	<b>+2.0%</b>	<b>-5.0%</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
<b>2003</b>	<b>968</b>	<b>0.0%</b>	<b>7/22/03</b>	<b>735</b>	<b>379</b>	<b>51.5</b>	<b>59.6</b>
<b>2004</b>	<b>803</b>	<b>+24.2%</b>	<b>1/20/04</b>	<b>749</b>	<b>346</b>	<b>46.2</b>	<b>46.7</b>
<b>2005</b>	<b>906</b>	<b>-0.1%</b>	<b>8/22/04</b>	<b>705</b>	<b>550</b>	<b>78.1</b>	<b>41.5</b>
<b>2006</b>	<b>1,223</b>	<b>+0.7%</b>	<b>3/23/06</b>	<b>710</b>	<b>447</b>	<b>62.9</b>	<b>45.6</b>
<b>2007</b>	<b>1,041</b>	<b>+3.1%</b>	<b>7/01/06</b>	<b>653</b>	<b>507</b>	<b>77.7</b>	<b>50.2</b>

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	<b>23.4%</b>
B. General Expense	<b>3.8%</b>
C. Taxes, License & Fees	<b>3.8%</b>
D. Underwriting Profit & Contingencies	<b>9.2%</b>
E. Other (explain)	
<b>F. TOTAL</b>	<b>40.2%</b>

8.   N/A   Apply Lost Cost Factors to Future filings? (Y or N)
9.  +10.3%  Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):   98
10.  -11.6%  Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):   30

### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>2008-00968</b>
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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	<b>N/A</b>
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Company Name		Company NAIC Number		
<b>3.</b>	<b>A.</b>	<b>American Fire &amp; Casualty Company</b>	<b>B.</b>	<b>111-24066</b>

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.</b>	<b>A.</b>	<b>Personal</b>	<b>B.</b>	<b>Homeowners</b>

<b>5.</b>			<b>FOR LOSS COSTS ONLY</b>				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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
<b>Owners</b>	<b>+0.6%</b>	<b>-3.3%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Tenants</b>	<b>+0.1%</b>	<b>0.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>TOTAL OVERALL EFFECT</b>	<b>+0.6%</b>	<b>-3.3%</b>					

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
<b>2003</b>	<b>147</b>	<b>0.0%</b>	<b>7/22/03</b>	<b>154</b>	<b>30</b>	<b>19.5</b>	<b>64.5</b>
<b>2004</b>	<b>112</b>	<b>+24.6%</b>	<b>1/20/04</b>	<b>152</b>	<b>296</b>	<b>194.2</b>	<b>49.3</b>
<b>2005</b>	<b>102</b>	<b>0.3%</b>	<b>8/22/04</b>	<b>128</b>	<b>31</b>	<b>24.1</b>	<b>45.2</b>
<b>2006</b>	<b>108</b>	<b>0.3%</b>	<b>3/23/06</b>	<b>130</b>	<b>28</b>	<b>21.5</b>	<b>59.9</b>
<b>2007</b>	<b>111</b>	<b>-0.8%</b>	<b>7/01/07</b>	<b>111</b>	<b>40</b>	<b>35.9</b>	<b>65.2</b>

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	<b>23.4%</b>
B. General Expense	<b>3.8%</b>
C. Taxes, License & Fees	<b>3.8%</b>
D. Underwriting Profit & Contingencies	<b>9.2%</b>
E. Other (explain)	
<b>F. TOTAL</b>	<b>40.2%</b>

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
9. +9.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 98
10. -9.8% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 97

*SERFF Tracking Number:* LBRM-125540567      *State:* Arkansas  
*First Filing Company:* The Ohio Casualty Insurance Company, ...      *State Tracking Number:* EFT \$100  
*Company Tracking Number:* 2008-00968  
*TOI:* 04.0 Homeowners      *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations  
*Product Name:* 2008 Arkansas Homeowners Fast Path  
*Project Name/Number:* 2008 Arkansas Homeowners Fast Path/2008-00968

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Filing Memorandums	03/17/2008	AR HO Rule Memo 0408.pdf AR Filing Memo 0408.pdf

**The Ohio Casualty Insurance Company  
West American Insurance Company  
American Fire and Casualty Company  
HOMEOWNERS PROGRAM  
Rule Filing Memorandum  
Arkansas**

**Revised Manual**

Rule 201.E. Premium Determination. Territory Relativities. Revised Territory Relativity Table HO 00 02 and HO 00 03 to reflect new factors.

Please refer to the Actuarial Memorandum for further details.

**STATE OF ARKANSAS**

**HOMEOWNERS**

**OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY**

**FILING MEMORANDUM**

This memorandum and the attached exhibits represent a proposed revision to the Homeowners program for the above captioned companies. The proposed effective dates for this revision are: 04/12/2008 for new business and 05/13/2008 for renewals. The estimated overall rate level effect is -4.7% and is solely due to revised territory relativities.

Supporting exhibits are as follows:

**Summary of Changes**

Exhibit I - SUMMARY OF PROPOSED CHANGES

Exhibit II - REVISED TERRITORY RELATIVITIES

Current and proposed territory relativities are shown, along with the statewide impact.

STATE OF ARKANSAS

Exhibit I

HOMEOWNERS

OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY

SUMMARY OF PROPOSED CHANGES

A comparison of the indications and impacts for the above referenced companies is given below:

<u>FORM</u>	<u>Inforce as of 9/20/07</u> <u>Written</u> <u>Premium</u>	<u>Indicated</u> <u>Change</u>	<u>Proposed</u> <u>Change (a)</u>
Owners - Forms 2 and 3	\$883,879	1.8%	-4.8%
Tenants - Form 4	\$7,475	-1.6%	0.0%
Form 6	\$10,553	-1.6%	0.0%
Tenants Subtotal	\$18,028	-1.6%	0.0%
All Forms	\$901,907	1.7%	-4.7%

(a) Includes effect of proposed:  
- Territory Relativities

## HOMEOWNERS

**OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY  
AMERICAN FIRE AND CASUALTY INSURANCE COMPANY**

**SUMMARY OF TERRITORY RELATIVITY CHANGES**

The following page displays the current and proposed territory relativities for our HO 2s and HO 3s, along with the overall change by territory. The territory relativities for forms HO 4 and HO 6 will remain the same.

The determination of the revised territory relativities were based on a review of our competitive position in the state.

Territory	Written Premium*	Current Relativity	Proposed Relativity	Impact
30	33,861	0.901	0.829	-8.0%
31	9,435	1.009	1.009	0.0%
89	109,947	1.592	1.465	-8.0%
90	16,986	1.198	1.102	-8.0%
91	220,979	0.581	0.535	-7.9%
92	114,492	0.968	0.891	-8.0%
93	52,459	0.882	0.811	-8.0%
94	7,934	0.836	0.920	10.0%
95	200,872	1.000	1.000	0.0%
96	1,035	1.851	2.036	10.0%
97	7,966	0.939	0.864	-8.0%
98	34,236	1.723	1.895	10.0%
99	1,550	1.101	1.101	0.0%
Total	811,752			-4.9%

\* The Written Premium Amounts include premium for both HO 2s and HO 3s.