

SERFF Tracking Number: LBRM-125957571 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 2008-03333
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR Home OC/WA/AFC 02/2009 Fast Path
Project Name/Number: AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333

Filing at a Glance

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

Product Name: AR Home OC/WA/AFC 02/2009 SERFF Tr Num: LBRM-125957571 State: Arkansas

Fast Path

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: 2008-03333

State Status: Fees verified and received

Combinations

Filing Type: Rate

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Nancy Greene, Jodi Guggenberger

Disposition Date: 01/28/2009

Date Submitted: 01/13/2009

Disposition Status: Filed

Effective Date Requested (New): 02/14/2009

Effective Date (New): 02/14/2009

Effective Date Requested (Renewal): 03/17/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR Home OC/WA/AFC 02/2009 Fast Path

Status of Filing in Domicile:

Project Number: 2008-03333

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/28/2009

State Status Changed: 01/16/2009

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Effective February 14, 2009 for New Business and March 17, 2009 for Renewal Business, we are filing rate revisions to our Homeowners 2000 Policy Program. Base Rates will be modified for Owner Forms Only. Please refer to our Actuarial Memorandum for further details.

Attached, please find our revised Rule 201. Premium Determination, the required filing forms, and our Actuarial

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Statement of Opinion.

If you need any further assistance with this filing please feel free to contact me at (800) 843-6446 ext. 2876.

Company and Contact

Filing Contact Information

Nancy Greene, Nancy.Greene@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) 843-6446 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) 843-6446 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) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No

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Fee Explanation: One Rate Review Submission - \$100.00
Per Company: No

SERFF Tracking Number: *LBRM-125957571* *State:* *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *2008-03333*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *AR Home OC/WA/AFC 02/2009 Fast Path*
Project Name/Number: *AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$100.00	01/13/2009	24994167
West American Insurance Company	\$0.00	01/13/2009	
American Fire and Casualty Company	\$0.00	01/13/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/28/2009	01/28/2009

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	01/21/2009	01/21/2009	Nancy Greene	01/22/2009	01/22/2009
Pending Industry Response	Becky Harrington	01/16/2009	01/16/2009	Nancy Greene	01/16/2009	01/16/2009

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Disposition

Disposition Date: 01/28/2009
 Effective Date (New): 02/14/2009
 Effective Date (Renewal):
 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	9.400%	\$7,874	79	\$83,768	9.400%	0.000%	3.500%
West American Insurance Company	9.600%	\$53,912	901	\$561,587	9.600%	0.000%	13.100%
American Fire and Casualty Company	9.800%	\$10,033	110	\$102,379	9.800%	0.000%	1.600%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	10.600%
Overall Percentage Rate Impact For This Filing	9.600%
Effect of Rate Filing-Written Premium Change For This Program	\$71,819

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Effect of Rate Filing - Number of Policyholders Affected

1,090

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document (revised)	Actuarial Memorandum	Filed	Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Supporting Document	Actuarial Statement of Opinion	Filed	Yes
Supporting Document	Objection Letter Response	Filed	Yes
Rate	Premium Determination	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/21/2009

Submitted Date 01/21/2009

Respond By Date

Dear Nancy Greene,

This will acknowledge receipt of your response dated 1/16/2009.

Objection 1

- Actuarial Memorandum (Supporting Document)

Comment: Explain how the balanced indication was derived.

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 01/22/2009

Submitted Date 01/22/2009

Dear Becky Harrington,

Comments:

Response 1

Comments: Please see below revised Supporting Documents RF-1 forms for each of our companies as well as an Added Schedule item entitled Objection Letter Response.

If you need anything further, please do not hesitate to contact me.

Related Objection 1

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Applies To:

- Actuarial Memorandum (Supporting Document)

Comment:

Explain how the balanced indication was derived.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment:

Satisfied -Name: Objection Letter Response

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Jodi Guggenberger, Nancy Greene

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/16/2009

Submitted Date 01/16/2009

Respond By Date

Dear Nancy Greene,

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Memorandum (Supporting Document)

Comment: The information on form RF-1 does not agree with the information on page 6 of the filing memorandum.

Please explain.

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 01/16/2009

Submitted Date 01/16/2009

Dear Becky Harrington,

Comments:

Response 1

Comments: In response to Objection 1, we wish to advise that the Balanced Indication column was inadvertently excluded. The Balance Indication column is calculated so that the weighted average of company indications balance to the group indication.

Please find attached revised Summary of Indicated Changes.

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Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comment:

The information on form RF-1 does not agree with the information on page 6 of the filing memorandum. Please explain.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Jodi Guggenberger, Nancy Greene

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -4.700%
Effective Date of Last Rate Revision: 04/12/2008
Filing Method of Last Filing: File and 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	3.500%	9.400%	\$7,874	79	\$83,768	9.400%	0.000%
West American Insurance Company	13.100%	9.600%	\$53,912	901	\$561,587	9.600%	0.000%
American Fire and Casualty Company	1.600%	9.800%	\$10,033	110	\$102,379	9.800%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: 10.600%

<i>SERFF Tracking Number:</i>	<i>LBRM-125957571</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>
<i>Company Tracking Number:</i>	<i>2008-03333</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>AR Home OC/WA/AFC 02/2009 Fast Path</i>		
<i>Project Name/Number:</i>	<i>AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333</i>		

Overall Percentage Rate Impact For This Filing:	9.600%
Effect of Rate Filing - Written Premium Change For This Program:	\$71,819
Effect of Rate Filing - Number of Policyholders Affected:	1090

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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 (02-09)	Replacement	LBRM-125540567 Rule 201 Premium Determination 02-09.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	\$1,981.00
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
40,000	0.620
45,000	0.630

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

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
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

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
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

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
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

185,000	1.574	36,000	2.610	36,000	2.610
190,000	1.617	37,000	2.670	37,000	2.670
195,000	1.661	38,000	2.730	38,000	2.730
200,000	1.705	39,000	2.790	39,000	2.790
250,000	2.149	40,000	2.850	40,000	2.850
300,000	2.599	41,000	2.910	41,000	2.910
350,000	3.049	42,000	2.970	42,000	2.970
400,000	3.499	43,000	3.030	43,000	3.030
450,000	3.949	44,000	3.090	44,000	3.090
500,000	4.399	45,000	3.140	45,000	3.140
Each add'l \$1,000	0.009	46,000	3.190	46,000	3.190
		47,000	3.230	47,000	3.230
		48,000	3.270	48,000	3.270
		49,000	3.310	49,000	3.310
		50,000	3.350	50,000	3.350
		55,000	3.550	55,000	3.550
		60,000	3.750	60,000	3.750
		65,000	3.950	65,000	3.950
		70,000	4.150	70,000	4.150
		75,000	4.350	75,000	4.350
		80,000	4.550	80,000	4.550
		85,000	4.750	85,000	4.750
		90,000	4.950	90,000	4.950
		95,000	5.150	95,000	5.150
		100,000	5.350	100,000	5.350
		Each Add'l \$1,000	0.040	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:

MARKET TIER	<u>HO 00 02, HO 00 03</u> RATING FACTORS	<u>HO 00 04</u> RATING FACTORS	<u>HO 00 06</u> RATING FACTORS
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-125957571 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 2008-03333
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR Home OC/WA/AFC 02/2009 Fast Path
Project Name/Number: AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	HPCS-Homeowners Premium Comparison Survey	Filed	01/28/2009
Comments:			
Attachments:			
	Form HPCS OC.xls		
	Form HPCS WA.xls		
	Form HPCS AFC.xls		
	Form HPCS OC.pdf		
	Form HPCS WA.pdf		
	Form HPCS AFC.pdf		
Satisfied -Name:	NAIC loss cost data entry document	Filed	01/28/2009
Comments:			
Attachments:			
	FORM RF-1 OC-updated.pdf		
	FORM RF-1 WA-updated.pdf		
	FORM RF-1 AFC-updated.pdf		
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Filed	01/28/2009
Comments:			
Attachment:			
	P&CTrans.pdf		
Satisfied -Name:	Actuarial Memorandum	Filed	01/28/2009
Comments:			
Attachment:			
	summary of indicated changes.pdf		

SERFF Tracking Number: LBRM-125957571 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 2008-03333
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR Home OC/WA/AFC 02/2009 Fast Path
Project Name/Number: AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333

Review Status:
Satisfied -Name: Actuarial Statement of Opinion Filed 01/28/2009
Comments:
Attachment:
Actuarial Statement of Opinion.pdf

Review Status:
Satisfied -Name: Objection Letter Response Filed 01/28/2009
Comments:
Attachment:
AR Home Response 01 22 2009 (2).pdf

NAIC Number: 24074
 Company Name: The Ohio Casualty Insurance Company
 Contact Person: Judy Ryder
 Telephone No.: (513) 603-2155
 Email Address: Judy.Ryder@libertymutual.com
 Effective Date: 17-Mar-09

**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	\$511.00	\$568.00	\$580.00	\$644.00	\$1,283.00	\$1,425.00	\$1,283.00	\$1,425.00	\$1,194.00	\$1,326.00	\$1,194.00	\$1,326.00	\$694.00	\$771.00	\$562.00	\$623.00	\$635.00	\$707.00
	\$120,000	\$601.00	\$669.00	\$682.00	\$758.00	\$1,510.00	\$1,678.00	\$1,510.00	\$1,678.00	\$1,405.00	\$1,561.00	\$1,405.00	\$1,561.00	\$816.00	\$907.00	\$661.00	\$734.00	\$748.00	\$831.00
	\$160,000	\$749.00	\$833.00	\$850.00	\$945.00	\$1,882.00	\$2,092.00	\$1,882.00	\$2,092.00	\$1,751.00	\$1,946.00	\$1,751.00	\$1,946.00	\$1,018.00	\$1,131.00	\$824.00	\$915.00	\$933.00	\$1,036.00
6	\$80,000	\$596.00	\$652.00	\$677.00	\$740.00	\$1,497.00	\$1,639.00	\$1,497.00	\$1,639.00	\$1,393.00	\$1,525.00	\$1,393.00	\$1,525.00	\$809.00	\$887.00	\$655.00	\$717.00	\$741.00	\$812.00
	\$120,000	\$702.00	\$769.00	\$796.00	\$872.00	\$1,761.00	\$1,929.00	\$1,761.00	\$1,929.00	\$1,639.00	\$1,796.00	\$1,639.00	\$1,796.00	\$952.00	\$1,043.00	\$771.00	\$844.00	\$873.00	\$956.00
	\$160,000	\$875.00	\$957.00	\$993.00	\$1,087.00	\$2,196.00	\$2,405.00	\$2,196.00	\$2,405.00	\$2,044.00	\$2,238.00	\$2,044.00	\$2,238.00	\$1,188.00	\$1,301.00	\$962.00	\$1,052.00	\$1,088.00	\$1,192.00
9	\$80,000	\$1,249.00	\$1,420.00	\$1,417.00	\$1,610.00	\$3,136.00	\$3,563.00	\$3,136.00	\$3,563.00	\$2,918.00	\$3,317.00	\$2,918.00	\$3,317.00	\$1,696.00	\$1,927.00	\$1,373.00	\$1,559.00	\$1,554.00	\$1,765.00
	\$120,000	\$1,470.00	\$1,671.00	\$1,668.00	\$1,895.00	\$3,691.00	\$4,194.00	\$3,691.00	\$4,194.00	\$3,435.00	\$3,903.00	\$3,435.00	\$3,903.00	\$1,996.00	\$2,267.00	\$1,615.00	\$1,835.00	\$1,829.00	\$2,078.00
	\$160,000	\$1,832.00	\$2,083.00	\$2,079.00	\$2,362.00	\$4,602.00	\$5,229.00	\$4,602.00	\$5,229.00	\$4,282.00	\$4,866.00	\$4,282.00	\$4,866.00	\$2,488.00	\$2,827.00	\$2,014.00	\$2,288.00	\$2,281.00	\$2,591.00

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?	5%

Zone Brick Frame

NAIC Number: 44393
 Company Name: West American Insurance Company
 Contact Person: Judy Ryder
 Telephone No.: (513) 603-2155
 Email Address: Judy.Ryder@libertymutual.com
 Effective Date: 17-Mar-09

**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	\$409.00	\$455.00	\$464.00	\$515.00	\$1,026.00	\$1,140.00	\$1,026.00	\$1,140.00	\$955.00	\$1,062.00	\$955.00	\$1,062.00	\$554.00	\$617.00	\$449.00	\$499.00	\$508.00	\$566.00
	\$120,000	\$481.00	\$534.00	\$545.00	\$607.00	\$1,208.00	\$1,341.00	\$1,208.00	\$1,341.00	\$1,124.00	\$1,249.00	\$1,124.00	\$1,249.00	\$653.00	\$726.00	\$529.00	\$587.00	\$599.00	\$666.00
	\$160,000	\$600.00	\$667.00	\$681.00	\$756.00	\$1,506.00	\$1,673.00	\$1,506.00	\$1,673.00	\$1,402.00	\$1,557.00	\$1,402.00	\$1,557.00	\$814.00	\$905.00	\$660.00	\$732.00	\$746.00	\$829.00
6	\$80,000	\$477.00	\$522.00	\$541.00	\$593.00	\$1,197.00	\$1,311.00	\$1,197.00	\$1,311.00	\$1,114.00	\$1,220.00	\$1,114.00	\$1,220.00	\$647.00	\$709.00	\$524.00	\$574.00	\$593.00	\$650.00
	\$120,000	\$562.00	\$615.00	\$637.00	\$697.00	\$1,409.00	\$1,543.00	\$1,409.00	\$1,543.00	\$1,311.00	\$1,436.00	\$1,311.00	\$1,436.00	\$762.00	\$834.00	\$617.00	\$676.00	\$699.00	\$765.00
	\$160,000	\$700.00	\$767.00	\$794.00	\$870.00	\$1,756.00	\$1,924.00	\$1,756.00	\$1,924.00	\$1,635.00	\$1,791.00	\$1,635.00	\$1,791.00	\$950.00	\$1,040.00	\$769.00	\$842.00	\$871.00	\$953.00
9	\$80,000	\$999.00	\$1,135.00	\$1,133.00	\$1,288.00	\$2,509.00	\$2,850.00	\$2,509.00	\$2,850.00	\$2,335.00	\$2,653.00	\$2,335.00	\$2,653.00	\$1,356.00	\$1,541.00	\$1,098.00	\$1,247.00	\$1,243.00	\$1,413.00
	\$120,000	\$1,176.00	\$1,336.00	\$1,334.00	\$1,516.00	\$2,952.00	\$3,354.00	\$2,952.00	\$3,354.00	\$2,747.00	\$3,123.00	\$2,747.00	\$3,123.00	\$1,596.00	\$1,814.00	\$1,292.00	\$1,469.00	\$1,462.00	\$1,662.00
	\$160,000	\$1,467.00	\$1,665.00	\$1,663.00	\$1,890.00	\$3,680.00	\$4,182.00	\$3,680.00	\$4,182.00	\$3,426.00	\$3,893.00	\$3,426.00	\$3,893.00	\$1,990.00	\$2,262.00	\$1,611.00	\$1,830.00	\$1,824.00	\$2,073.00

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

NAIC Number: 24066
 Company Name: American Fire & Casualty Company
 Contact Person: Judy Ryder
 Telephone No.: (513) 603-2155
 Email Address: Judy.Ryder@libertymutual.com
 Effective Date: 17-Mar-09

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

Submit to: Arkansas Insurance Department
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 Little Rock, AR 72201-1904
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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	\$383.00	\$425.00	\$434.00	\$483.00	\$962.00	\$1,069.00	\$962.00	\$1,069.00	\$895.00	\$994.00	\$895.00	\$994.00	\$520.00	\$578.00	\$420.00	\$468.00	\$477.00	\$529.00
	\$120,000	\$450.00	\$501.00	\$511.00	\$569.00	\$1,131.00	\$1,257.00	\$1,131.00	\$1,257.00	\$1,053.00	\$1,171.00	\$1,053.00	\$1,171.00	\$612.00	\$680.00	\$495.00	\$550.00	\$561.00	\$623.00
	\$160,000	\$563.00	\$624.00	\$637.00	\$708.00	\$1,411.00	\$1,568.00	\$1,411.00	\$1,568.00	\$1,313.00	\$1,459.00	\$1,313.00	\$1,459.00	\$763.00	\$847.00	\$617.00	\$686.00	\$699.00	\$777.00
6	\$80,000	\$447.00	\$490.00	\$507.00	\$556.00	\$1,122.00	\$1,229.00	\$1,122.00	\$1,229.00	\$1,044.00	\$1,143.00	\$1,044.00	\$1,143.00	\$607.00	\$665.00	\$491.00	\$538.00	\$557.00	\$609.00
	\$120,000	\$526.00	\$576.00	\$597.00	\$653.00	\$1,320.00	\$1,446.00	\$1,320.00	\$1,446.00	\$1,229.00	\$1,345.00	\$1,229.00	\$1,345.00	\$714.00	\$782.00	\$578.00	\$632.00	\$654.00	\$717.00
	\$160,000	\$655.00	\$718.00	\$744.00	\$815.00	\$1,646.00	\$1,803.00	\$1,646.00	\$1,803.00	\$1,532.00	\$1,678.00	\$1,532.00	\$1,678.00	\$890.00	\$975.00	\$720.00	\$789.00	\$816.00	\$894.00
9	\$80,000	\$936.00	\$1,064.00	\$1,063.00	\$1,207.00	\$2,350.00	\$2,671.00	\$2,350.00	\$2,671.00	\$2,188.00	\$2,487.00	\$2,188.00	\$2,487.00	\$1,272.00	\$1,444.00	\$1,029.00	\$1,169.00	\$1,165.00	\$1,323.00
	\$120,000	\$1,102.00	\$1,252.00	\$1,250.00	\$1,420.00	\$2,766.00	\$3,143.00	\$2,766.00	\$3,143.00	\$2,574.00	\$2,926.00	\$2,574.00	\$2,926.00	\$1,496.00	\$1,700.00	\$1,211.00	\$1,376.00	\$1,371.00	\$1,557.00
	\$160,000	\$1,374.00	\$1,561.00	\$1,558.00	\$1,771.00	\$3,449.00	\$3,919.00	\$3,449.00	\$3,919.00	\$3,210.00	\$3,648.00	\$3,210.00	\$3,648.00	\$1,865.00	\$2,119.00	\$1,510.00	\$1,715.00	\$1,709.00	\$1,942.00

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

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # _____

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**

		Company Name			Company NAIC Number
3.	A.	Ohio Casualty Insurance Company	B.		111-24074

		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.		

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+11.0%	9.9%					
Tenants	-3.8%	0.0%					
TOTAL OVERALL EFFECT	+10.6%	9.4%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	162	0.0%	7/22/03	142	11	7.5	63.3
2004	125	+23.9%	1/20/04	139	164	117.4	44.9
2005	108	+0.3%	8/22/04	125	91	73.4	34.3
2006	107	+4.0%	3/23/06	107	21	19.3	30.6
2007	95	-0.6%	7/01/07	86	37	42.4	55.3
		+4.1%	1/25/08				
		-4.1%	5/13/08				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

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): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # _____

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**

		Company Name		Company NAIC Number
3.	A.	West American Insurance Company	B.	111-44393

		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.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+11.0%	9.9%					
Tenants	-3.8%	0.0%					
TOTAL OVERALL EFFECT	+10.6%	9.6%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	968	0.0%	7/22/03	735	379	51.5	59.6
2004	803	+24.2%	1/20/04	749	346	46.2	46.7
2005	906	-0.1%	8/22/04	705	550	78.1	41.5
2006	1,223	+0.7%	3/23/06	710	447	62.9	45.6
2007	1,041	+3.1%	7/01/06	653	507	77.7	50.2
		+0.7%	1/25/08				
		-5.0%	5/13/08				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

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): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # _____

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**

		Company Name		Company NAIC Number
3.	A.	American Fire & Casualty Company	B.	111-24066

		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.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+11.0%	9.9%					
Tenants	-3.8%	0.0%					
TOTAL OVERALL EFFECT	+10.6%	9.8%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	147	+0.0%	7/22/03	154	30	19.5	64.5
2004	112	+24.6%	1/20/04	152	296	194.2	49.3
2005	102	+0.3%	8/22/04	128	31	24.1	45.2
2006	108	+0.3%	3/23/06	130	28	21.5	59.9
2007	111	-0.8%	7/01/07	111	40	35.9	65.2
		+1.2%	1/25/08				
		+3.3%	5/13/08				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

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): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Ohio Casualty Insurance Company	Ohio	24074	31-0396250	
West American Insurance Company	Indiana	44393	31-0624491	
American Fire and Casualty Company	Ohio	24066	59-0141790	

5. Company Tracking Number	2008-03333
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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
	Nancy Greene 9450 Seward Road Fairfield, OH 45014	PL State Filing Technician II	800-843-6446, Ext. 2876	513-603-2160	nancy.greene@libertymutual.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Nancy Greene

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

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0000 Homeowners Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Homeowners 2000 Policy Program
13. Filing Type	<input checked="" 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: February 14, 2009 Renewal: March 17, 2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	N/A

19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-03333
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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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Effective February 14, 2009 for New Business and March 17, 2009 for Renewal Business, we are filing rate revisions to our Homeowners 2000 Policy Program. Base Rates will be modified for Owner Forms Only. Please refer to the Actuarial Memorandum for further details.

Attached, please find our revised Rule 201, the required filing forms and our Actuarial Statement of Opinion.

If you need any further assistance with this filing please feel free to contact me at (800) 843-6446 ext. 2876.

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]

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.)**

STATE OF ARKANSAS
HOMEOWNERS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - ALL FORMS
SUMMARY OF INDICATED CHANGES
RENEWALS EFFECTIVE 3/17/2009

<i>Ohio Casualty Insurance Company</i>			
Coverage	Earned Prem. @Current Rates	Indicated Change	Balanced Indication
Owners	\$ 81,807	+ 10.5%	+ 3.7%
Tenants	\$ 4,556	- 5.1%	- 0.5%
Total	\$ 86,363	+ 9.6%	+ 3.5%
<i>West American Insurance Company</i>			
Coverage	Earned Prem. @Current Rates	Indicated Change	Balanced Indication
Owners	\$ 601,642	+ 21.0%	+ 13.6%
Tenants	\$ 17,311	- 9.2%	- 4.8%
Total	\$ 618,953	+ 20.2%	+ 13.1%
<i>American Fire And Casualty Company</i>			
Coverage	Earned Prem. @Current Rates	Indicated Change	Balanced Indication
Owners	\$ 104,377	+ 8.3%	+ 1.7%
Tenants	\$ 1,275	- 5.8%	- 1.3%
Total	\$ 105,652	+ 8.1%	+ 1.6%
<i>All Companies Combined</i>			
Coverage	Earned Prem. @Current Rates	Indicated Change	
Owners	\$ 787,826	+ 11.0%	
Tenants	\$ 23,142	- 3.8%	
Total	\$ 810,968	+ 10.6%	

Actuarial Statement of Opinion

I, Joseph P Greenwood, hold the title of Actuary within the Liberty Mutual Group. I am a member of the American Academy of Actuaries and a Fellow of the Casualty Actuarial Society. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Filing #: 2008-03333

Date: January 9, 2009



Joseph P Greenwood, FCAS, MAAA
Actuary

**Ohio Casualty Insurance Company/West American Insurance Company/
American Fire and Casualty Company
Arkansas**

Homeowners Rate/Rule Filing

**SERFF Tracking Number: LBRM-125957571; Our Filing Number: 2008-03333
Responses to 1/21/2009 Objection Letter From Becky Harrington**

Explain how the balanced indication was derived.

I apologize for the confusion on our end. The balanced indications are a simple calculation included within our indication template. They are only relevant and used when we develop and use indications for each underwriting company separately. The balanced indications (for each company) are the result of adjusting the separate indications for each company by the same factor such that the weighted average of the balanced indications equals the "All Companies Combined" indication.

In the case of this current filing, we only used the "All Companies Combined" indication as a basis for deciding to modify rates to Owners forms by +9.9% uniformly across all companies. In states where we have significant premium volume within each of our underwriting companies we may choose to look at indications separately by company. In the case of Arkansas, our premium volume is very small and in particular it is extremely small for Ohio Casualty Insurance Company and American Fire and Casualty Company. As such, we only provided one set of "All Companies Combined" indications.

We have updated the Summary of Indications page to exclude the individual companies. We have also updated the RF-1 forms for each company to match the "All Companies Combined" indication. The updates are included below in this response.

STATE OF ARKANSAS
HOMEOWNERS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - ALL FORMS
SUMMARY OF INDICATED CHANGES
RENEWALS EFFECTIVE 3/17/2009

<i>All Companies Combined</i>	Earned Prem. @Current Rates	Indicated Change
Coverage		
Owners	\$ 787,826	+ 11.0%
Tenants	\$ 23,142	- 3.8%
Total	\$ 810,968	+ 10.6%

SERFF Tracking Number: LBRM-125957571 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: 2008-03333
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: AR Home OC/WA/AFC 02/2009 Fast Path
 Project Name/Number: AR Home OC/WA/AFC 02/2009 Fast Path /2008-03333

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	NAIC loss cost data entry document	12/19/2008	FORM RF-1 OC.pdf FORM RF-1 WA.pdf FORM RF-1 AFC.pdf
No original date	Supporting Document	Actuarial Memorandum	01/05/2009	Actuarial Memorandum.pdf

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2008-03333
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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.	The Ohio Casualty Insurance Company	B.	111-24074

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.	04.0 Homeowners	B.	04.0000 Homeowners Sub-TOI Combinations

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
Owners	+3.7%	9.9%					
Tenants	-0.5%	0.0%					
TOTAL OVERALL EFFECT	+3.5%	9.4%					

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	162	0.0%	7/22/03	142	11	7.5	63.3
2004	125	+23.9%	1/20/04	139	164	117.4	44.9
2005	108	+0.3%	8/22/04	125	91	73.4	34.3
2006	107	+4.0%	3/23/06	107	21	19.3	30.6
2007	95	-0.6%	7/01/07	86	37	42.4	55.3
		+4.1%	1/25/08				
		-4.1%	5/13/08				

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

- 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): _____
- 10.** 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2008-03333
----	---	------------

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
----	---	-----

Company Name		Company NAIC Number	
3.	A. West American Insurance Company	B.	111-44393

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. 04.0 Homeowners	B.	04.0000 Homeowners Sub-TOI Combinations

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Owners	+13.6%	9.9%					
Tenants	-4.8%	0.0%					
TOTAL OVERALL EFFECT	+13.1%	9.6%					

6.		5 Year History	Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	
2003	968	0.0%	7/22/03	735	379	51.5	59.6	
2004	803	+24.2%	1/20/04	749	346	46.2	46.7	
2005	906	-0.1%	8/22/04	705	550	78.1	41.5	
2006	1,223	+0.7%	3/23/06	710	447	62.9	45.6	
2007	1,041	+3.1%	7/01/06	653	507	77.7	50.2	
		+0.7%	1/25/08					
		-5.0%	5/13/08					

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

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): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2008-03333
-----------	---	-------------------

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
-----------	---	------------

Company Name		Company NAIC Number		
3.	A.	American Fire and Casualty Company	B.	111-24066

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.	04.0 Homeowners	B.	04.0000 Homeowners Sub-TOI Combinations

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
Owners	+1.7%	9.9%					
Tenants	-1.3%	0.0%					
TOTAL OVERALL EFFECT	+1.6%	9.8%					

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	147	+0.0%	7/22/03	154	30	19.5	64.5
2004	112	+24.6%	1/20/04	152	296	194.2	49.3
2005	102	+0.3%	8/22/04	128	31	24.1	45.2
2006	108	+0.3%	3/23/06	130	28	21.5	59.9
2007	111	-0.8%	7/01/07	111	40	35.9	65.2
		+1.2%	1/25/08				
		+3.3%	5/13/08				

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.3%
B. General Expense	6.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	4.5%
E. Other (explain)	
F. TOTAL	39.0%

- 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): _____
- 10.** 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**State of Arkansas
Ohio Casualty Insurance Company/
West American Insurance Company/
American Fire & Casualty Insurance Company
Homeowners
Actuarial Memorandum**

Summary of Changes

We are proposing changes to our Arkansas Homeowners insurance program for West American Insurance Company, Ohio Casualty Insurance Company, and American Fire & Casualty Company. In order to achieve an overall rate level impact of 9.6% (see page 3), we are proposing to increase base rates by 9.9% uniformly across all territories for Owners Forms. The indicated rate change is 10.6% (see page 6). We are not changing the rate deviations that are currently in place for Ohio Casualty Insurance Company and American Fire & Casualty Company (see the table below).

	Forms	Form	Form
Company	2 & 3	4	6
Ohio Casualty Insurance Company	1.250	1.111	1.250
West American Insurance Company	1.000	1.000	1.000
American Fire & Casualty Company	0.937	N/A	0.937

These changes are proposed to be effective February 14, 2009 for new business and March 17, 2009 for renewal business.

Homeowners Impact Exhibits

<u>Exhibit Description</u>	<u>Page #</u>
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**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Overall

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	787,826	23,142	810,968
Earned Premium at Current Rates Dist.	97.1%	2.9%	
Base Rate Percentage Change	9.9%	0.0%	9.6%

Ohio Casualty Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	81,807	4,556	86,363
Earned Premium at Current Rates Dist.	94.7%	5.3%	
Base Rate Percentage Change	9.9%	0.0%	9.4%

West American Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	601,642	17,311	618,953
Earned Premium at Current Rates Dist.	97.2%	2.8%	
Base Rate Percentage Change	9.9%	0.0%	9.6%

American Fire & Casualty Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	104,377	1,275	105,652
Earned Premium at Current Rates Dist.	98.8%	1.2%	
Base Rate Percentage Change	9.9%	0.0%	9.8%

*Earned Premium at Current Rates for the period 4/1/07-3/31/08 evaluated as of 6/30/2008

**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Impact: Base Rate Change

Form	Current Base Rate	Proposed Base Rate	Impact
HO-2, HO-3	1,803	1,981	9.9%
HO-4	215	215	0.0%
HO-6	172	172	0.0%

Homeowners Indication Exhibits

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STATE OF ARKANSAS
HOMEOWNERS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - ALL FORMS
SUMMARY OF INDICATED CHANGES
RENEWALS EFFECTIVE 3/17/2009

<i>Ohio Casualty Insurance Company</i>		
Coverage	Earned Prem.	Indicated
Owners	@Current Rates	Change
Tenants	\$ 81,807	+ 10.5%
Total	\$ 4,556	- 5.1%
	\$ 86,363	+ 9.6%
<i>West American Insurance Company</i>		
Coverage	Earned Prem.	Indicated
Owners	@Current Rates	Change
Tenants	\$ 601,642	+ 21.0%
Total	\$ 17,311	- 9.2%
	\$ 618,953	+ 20.2%
<i>American Fire And Casualty Company</i>		
Coverage	Earned Prem.	Indicated
Owners	@Current Rates	Change
Tenants	\$ 104,377	+ 8.3%
Total	\$ 1,275	- 5.8%
	\$ 105,652	+ 8.1%
<i>All Companies Combined</i>		
Coverage	Earned Prem.	Indicated
Owners	@Current Rates	Change
Tenants	\$ 787,826	+ 11.0%
Total	\$ 23,142	- 3.8%
	\$ 810,968	+ 10.6%

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
RATE LEVEL INDICATIONS
RENEWALS EFFECTIVE 3/17/2009**

Calendar/Accident Twelve Months Ending	3/31/2004	3/31/2005	3/31/2006	3/31/2007	3/31/2008
(1) Unadjusted Earned Premium	\$1,028,284	\$981,752	\$929,315	\$902,273	\$804,750
(2) On-Level Factor	1.292	1.066	0.997	0.991	0.979
(3) Earned Premium On-Level [(1)*(2)]	\$1,328,529	\$1,046,564	\$926,496	\$893,777	\$787,826
(4) Current Amount Factor	1.293	1.263	1.146	1.059	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$1,717,789	\$1,321,811	\$1,061,764	\$946,510	\$787,826
(6) Unadjusted Incurred Losses Evaluated as of: 06/30/08	\$451,345	\$661,047	\$776,146	\$305,787	\$580,636
(7) Normal Incurred Loss	\$441,822	\$610,582	\$705,551	\$234,340	\$515,544
(8) Catastrophe Factor	1.234	1.234	1.234	1.234	1.234
(9) Cat-Adjusted Incurred Loss [(7)*(8)]	\$545,254	\$753,522	\$870,723	\$289,200	\$636,235
(10) Loss Development Factor	1.000	1.000	1.003	1.013	1.165
(11) Developed Cat-Adjusted Incurred Loss [(9)*(10)]	\$545,254	\$753,522	\$873,335	\$292,960	\$741,214
(12) Defense and Cost Containment Factor	0.042	0.042	0.042	0.042	0.042
(13) Defense and Cost Containment [(11)*(12)]	\$22,847	\$31,574	\$36,594	\$12,275	\$31,058
(14) Adjusting and Other Expenses Factor	0.130	0.130	0.130	0.130	0.130
(15) Adjusting and Other Expenses [(11)*(14)]	\$71,127	\$98,295	\$113,924	\$38,216	\$96,689
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$639,228	\$883,391	\$1,023,853	\$343,451	\$868,961
(17) Current Cost Factor	1.262	1.191	1.124	1.060	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$807,010	\$1,052,132	\$1,150,401	\$364,058	\$868,961
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.470	0.796	1.083	0.385	1.103
(20) Accident Year Weights	0.100	0.150	0.200	0.250	0.300
(21) Earned House-Year Exposures	1,169	1,018	978	1,268	1,221
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.810
(23) Loss Projection Factor					1.154
(24) Trend from First Dollar of Loss Adjustment					1.016
(25) Premium Projection Factor					1.173
(26) Projected Experience Loss & LAE Ratio [(22)*(23)*(24)/(25)]					0.810
(27) Permissible Loss & LAE Ratio					0.610
(28) Permissible Loss & LAE Ratio Trend Factor					0.998
(29) Trended Permissible Loss & LAE Ratio [(27)*(28)]					0.609
(30) Credibility ({[Sum (21)]/50,000}^0.5)					0.336
(31) Credibility-Weighted Projected Loss and LAE Ratio {(26)*(30)+(29)*[1-(30)]}					0.677
(32) Indicated Rate Level Change [(31)/(27)-1]					11.0%

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 4 & 6
RATE LEVEL INDICATIONS
RENEWALS EFFECTIVE 3/17/2009**

Calendar Twelve Months Ending	3/31/2004	3/31/2005	3/31/2006	3/31/2007	3/31/2008
(1) Unadjusted Earned Premium	\$31,036	\$31,758	\$26,543	\$24,624	\$23,616
(2) On-Level Factor	1.010	0.973	0.955	0.967	0.980
(3) Earned Premium On-Level [(1)*(2)]	\$31,359	\$30,899	\$25,341	\$23,807	\$23,142
(4) Current Amount Factor	1.106	1.067	1.090	1.029	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$34,684	\$32,970	\$27,622	\$24,497	\$23,142
(6) Unadjusted Incurred Losses Evaluated as of: 6/30/08	\$8,938	\$10,618	\$6,462	\$0	\$0
(7) Loss Development Factor	1.000	1.000	1.000	1.000	1.007
(8) Developed Incurred Losses [(6)*(7)]	\$8,938	\$10,618	\$6,462	\$0	\$0
(9) Defense and Cost Containment Factor	0.042	0.042	0.042	0.042	0.042
(10) Defense and Cost Containment [(8)*(9)]	\$375	\$445	\$271	\$0	\$0
(11) Adjusting and Other Expenses Factor	0.130	0.130	0.130	0.130	0.130
(12) Adjusting and Other Expenses [(8)*(11)]	\$1,166	\$1,385	\$843	\$0	\$0
(13) Developed Inc Loss & LAE [(8)+(10)+(12)]	\$10,479	\$12,448	\$7,575	\$0	\$0
(14) Current Cost Factor	1.126	1.093	1.061	1.030	1.000
(15) Adj. Inc. Loss & LAE @ Current Cost [(13)*(14)]	\$11,794	\$13,602	\$8,036	\$0	\$0
(16) Adj. Current Loss & LAE Ratio [(15)/(5)]	0.340	0.413	0.291	0.000	0.000
(17) Accident Year Weights	0.100	0.150	0.200	0.250	0.300
(18) Earned Exposures	82	79	64	69	66
(19) Weighted Adj. Current Loss & LAE Ratio [Sum (16)*(17)]					0.154
(20) Loss Projection Factor					1.128
(21) Trend from First Dollar of Loss Adjustment					1.023
(22) Premium Projection Factor					1.058
(23) Projected Experience Loss & LAE Ratio [(19)*(20)*(21)/(22)]					0.168
(24) Permissible Loss & LAE Ratio					0.610
(25) Permissible Loss & LAE Ratio Trend Factor					1.026
(26) Trended Permissible Loss & LAE Ratio [(24)*(25)]					0.626
(27) Credibility ({[Sum (18)]/50,000}^0.5)					0.085
(28) Credibility-Weighted Projected Loss and LAE Ratio {(23)*(27)+(26)*[1-(27)]}					0.587
(29) Indicated Rate Level Change [(28)/(24)-1]					-3.8%

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
EXPENSE SUMMARY
RENEWALS EFFECTIVE 3/17/2009**

<u>Expense Item</u>	<u>Total</u>
(1) Commissions (a)	17.8%
(2) Other Acquisition (b)	7.5%
(3) General Expenses (c)	6.6%
(4) Taxes, Licenses & Fees (d)	2.6%
(5) Expense Ratio	----- 34.5%
(6) Adjusted Profit & Contingencies (e)	4.5%
(7) Total Expenses (5) + (6)	39.0%

(a) Based on current commission schedule.

(b) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(c) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(d) State premium tax plus miscellaneous taxes, licenses, and fees.

(e) Based on projected combined ratio assuming a 12.0% internal rate of return.

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
PREMIUM TREND
RENEWALS EFFECTIVE 3/17/2009**

A) Derivation of Current Amount Factors

(1) Twelve Months Ending	(2) Average Relativity	(3) Relativity to Latest Year	(4) Current Amount Factor Tempered: 75% $\{[(3)-1] * 0.75\} + 1$
3/31/2004	1.324	1.391	1.293
3/31/2005	1.363	1.351	1.263
3/31/2006	1.541	1.195	1.146
3/31/2007	1.709	1.078	1.059
3/31/2008	1.842	1.000	1.000

B) Derivation of Premium Projection Factor

(5) X	(6) Average Relativity Y	(7) X ²	(8) XY
-2	1.324	4	-2.648
-1	1.363	1	-1.363
0	1.541	0	0.000
1	1.709	1	1.709
2	1.842	4	3.684
0	7.779	10	1.382

Linear Regression: $Y = BX + A$

(9) N = Number of Points =	5
(10) A = Mean of Fitted Line = $\Sigma Y / N =$	1.556
(11) B = Average Annual Increment = $\Sigma XY / \Sigma X^2 =$	0.138
(12) Average Annual Rate of Change = $B/A = (11) / (10) =$	0.089
(13) Average Annual Rate of Change Tempered 75% = $(12) * 0.75 =$	0.067
(14) Midpoint of Current Experience Period:	9/30/2007
(15) Proposed Effective Date:	3/17/2009
(16) Average Effective Period Accident Date:	3/17/2010
(17) Number of Years from (14) to (16):	2.46
(18) Premium Projection Factor = $(1+(13))^{(17)} =$	1.173

The current amount factor is the amount by which that year's premium increased to the midpoint of the current experience period due to the effect of building replacement cost increases on the AOI distribution.

Premium projection factor is a linear projection of the change in the current amount factor from the midpoint of the current experience period to one year beyond the proposed effective date, tempered 75%.

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 4 & 6
PREMIUM TREND
RENEWALS EFFECTIVE 3/17/2009**

A) Derivation of Current Amount Factors

(1) Twelve Months Ending	(2) Average Relativity	(3) Relativity to Latest Year	(4) Current Amount Factor Tempered: 75% $\{[(3)-1] * 0.75\} + 1$
3/31/2004	2.365	1.141	1.106
3/31/2005	2.477	1.089	1.067
3/31/2006	2.408	1.120	1.090
3/31/2007	2.596	1.039	1.029
3/31/2008	2.698	1.000	1.000

B) Derivation of Premium Projection Factor

(5) X	(6) Average Relativity Y	(7) X ²	(8) XY
-2	2.365	4	-4.730
-1	2.477	1	-2.477
0	2.408	0	0.000
1	2.596	1	2.596
2	2.698	4	5.396
0	12.544	10	0.785

Linear Regression: $Y = BX + A$

(9) N = Number of Points =	5
(10) A = Mean of Fitted Line = $\Sigma Y / N =$	2.509
(11) B = Average Annual Increment = $\Sigma XY / \Sigma X^2 =$	0.078
(12) Average Annual Rate of Change = $B/A = (11) / (10) =$	0.031
(13) Average Annual Rate of Change Tempered 75% = $(12) * 0.75 =$	0.023
(14) Midpoint of Current Experience Period:	9/30/2007
(15) Proposed Effective Date:	3/17/2009
(16) Average Effective Period Accident Date:	3/17/2010
(17) Number of Years from (14) to (16):	2.46
(18) Premium Projection Factor = $(1+(13))^{(17)} =$	1.058

The current amount factor is the amount by which that year's premium increased to the midpoint of the current experience period due to the effect of contents cost increases on the AOI distribution.

Premium projection factor is a linear projection of the change in the current amount factor from the midpoint of the current experience period to one year beyond the proposed effective date, tempered 75%.

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - ALL FORMS
LOSS TREND CALCULATION
RENEWALS EFFECTIVE 3/17/2009**

Owner Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 13 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	17	13	9	5	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	+ 7.6%	+ 7.8%	+ 7.3%	- 19.7%		
Severity	+ 7.7%	+ 8.2%	+ 9.7%	+ 27.5%		
Pure Premium	+ 15.9%	+ 16.6%	+ 17.7%	+ 2.4%		
					+ 6.0%	+ 6.0%

B) Current Cost Factors (CCF) by Accident Year

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
3/31/2004	1.262
3/31/2005	1.191
3/31/2006	1.124
3/31/2007	1.060
3/31/2008	1.000

C) Calculation of Loss Projection Factor

This factor trends losses from 9/30/07 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	9/30/2007
(2) Expected renewal effective date of rate change:	3/17/2009
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	3/17/2010
(6) Number of years between (1) and (5):	2.463
(7) Selected annual trended cost factor = (A2) =	6.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.154

Tenant Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 13 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	17	13	9	5	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	+ 3.8%	+ 6.8%	+ 7.1%	- 8.5%		
Severity	+ 7.8%	+ 13.6%	+ 24.2%	+ 26.3%		
Pure Premium	+ 11.9%	+ 21.3%	+ 33.0%	+ 15.6%		
					+ 3.0%	+ 5.0%

B) Current Cost Factors (CCF) by Accident Year:

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
3/31/2004	1.126
3/31/2005	1.093
3/31/2006	1.061
3/31/2007	1.030
3/31/2008	1.000

C) Calculation of Loss Projection Factor:

This factor trends losses from 9/30/07 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	9/30/2007
(2) Expected renewal effective date of rate change:	3/17/2009
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	3/17/2010
(6) Number of years between (1) and (5):	2.463
(7) Selected annual trended cost factor = (A2) =	5.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.128

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS
RENEWALS EFFECTIVE 3/17/2009**

**FAST TRACK TREND DATA - INDUSTRY
ENDING QUARTER 1 2008**

ACTUAL DATA

Prior 4 Qtrs. Ending Year Qtr.	Homeowners (Forms 1-3 & 5)			Tent (Form 4)			Condo (Form 6)			Tent & Condo Combined			All Policy Forms Combined			
	Paid Severity	Paid Freq.	Paid Pure Premium	Paid Severity	Paid Freq.	Paid Pure Premium	Paid Severity	Paid Freq.	Paid Pure Premium	Paid Severity	Paid Freq.	Paid Pure Premium	Paid Severity	Paid Freq.	Paid Pure Premium	
2004	1	3,877	5.18%	200.91	2,765	2.29%	63.23	3,662	2.03%	74.48	2,889	2.25%	64.94	3,835	4.91%	188.33
2004	2	4,024	5.10%	205.21	2,725	2.14%	58.41	3,213	2.39%	76.72	2,808	2.18%	61.25	3,974	4.84%	192.22
2004	3	3,892	5.43%	211.44	2,510	2.06%	51.62	3,224	2.59%	83.65	2,646	2.14%	56.67	3,845	5.14%	197.62
2004	4	3,898	5.55%	216.44	2,540	2.03%	51.60	3,203	2.55%	81.64	2,667	2.11%	56.39	3,854	5.25%	202.20
2005	1	3,943	5.67%	223.39	2,669	2.01%	53.77	3,378	2.72%	92.03	2,815	2.13%	59.95	3,903	5.35%	208.87
2005	2	4,112	5.71%	234.81	2,578	2.00%	51.56	3,606	2.71%	97.68	2,794	2.12%	59.11	4,066	5.39%	219.23
2005	3	4,385	5.53%	242.30	2,263	1.96%	44.32	3,232	2.54%	82.12	2,462	2.06%	50.61	4,318	5.22%	225.30
2005	4	4,576	5.64%	258.07	2,493	1.85%	46.12	3,175	2.84%	90.13	2,655	2.02%	53.56	4,511	5.32%	239.91
2006	1	4,658	5.62%	261.92	2,335	1.95%	45.49	3,607	2.86%	103.16	2,631	2.10%	55.37	4,586	5.31%	243.52
2006	2	4,608	5.54%	255.35	2,061	1.97%	40.55	4,057	2.75%	111.62	2,513	2.10%	52.86	4,533	5.23%	237.23
2006	3	4,321	6.32%	273.24	2,375	2.04%	48.39	4,316	3.09%	133.46	2,845	2.22%	63.20	4,272	5.95%	254.33
2006	4	4,428	6.49%	287.25	2,388	2.25%	53.73	4,600	3.03%	139.27	2,878	2.39%	68.67	4,373	6.12%	267.43
2007	1	4,347	7.19%	312.43	2,454	2.31%	56.66	4,323	3.16%	136.77	2,875	2.46%	70.67	4,298	6.75%	290.33
2007	2	4,585	7.60%	348.51	3,175	2.45%	77.95	4,399	3.09%	135.89	3,433	2.57%	88.08	4,547	7.13%	324.41
2007	3	5,046	7.03%	354.66	3,567	2.46%	87.69	4,346	2.86%	124.19	3,720	2.53%	94.05	4,998	6.61%	330.28
2007	4	5,143	6.57%	338.11	3,530	2.28%	80.60	4,539	2.79%	126.67	3,735	2.37%	88.55	5,092	6.17%	314.37
2008	1	5,561	5.88%	326.88	3,461	2.21%	76.49	4,601	2.68%	123.20	3,688	2.29%	84.47	5,486	5.53%	303.44

FITTED TREND

2-Yr (5 pts)	+ 27.5%	- 19.7%	+ 2.4%	+ 37.4%	- 6.2%	+ 28.8%	+ 6.4%	- 16.0%	- 10.6%	+ 26.3%	- 8.5%	+ 15.6%	+ 27.2%	- 19.6%	+ 2.3%
3-Yr (9 pts)	+ 9.7%	+ 7.3%	+ 17.7%	+ 33.1%	+ 9.9%	+ 46.2%	+ 8.9%	- 2.4%	+ 6.3%	+ 24.2%	+ 7.1%	+ 33.0%	+ 9.9%	+ 7.0%	+ 17.7%
4-Yr (13 pts)	+ 8.2%	+ 7.8%	+ 16.6%	+ 13.9%	+ 7.9%	+ 22.9%	+ 13.2%	+ 2.4%	+ 15.9%	+ 13.6%	+ 6.8%	+ 21.3%	+ 8.3%	+ 7.6%	+ 16.5%
5-Yr (17 pts)	+ 7.7%	+ 7.6%	+ 15.9%	+ 6.2%	+ 3.2%	+ 9.7%	+ 10.5%	+ 6.2%	+ 17.3%	+ 7.8%	+ 3.8%	+ 11.9%	+ 7.7%	+ 7.4%	+ 15.7%

Source: Fast Track. Industry from ISO, LMPM from SPAIS, OCG from RETA, and LMAM from RAM Data Warehouse (RDW)

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
CALCULATION OF TREND FROM FIRST DOLLAR OF LOSS
RENEWALS EFFECTIVE 3/17/2009**

A) Factor Applicable to Experience Loss and LAE Ratio

(1)	(2)	(3)
Twelve Months Ending	Current Cost Factor	Calendar Year Weight
3/31/2004	1.262	0.100
3/31/2005	1.191	0.150
3/31/2006	1.124	0.200
3/31/2007	1.060	0.250
3/31/2008	1.000	0.300

(4) Weighted Current Cost Factor = $\Sigma[(2) \cdot (3)] =$	1.095
(5) Loss Projection Factor	1.154
(6) Average Aggregate Loss Trend = (4) · (5) =	1.264
(7) Five-Year Incurred Loss Eliminated by Deductible:	285,137
(8) Five-Year Group Adjusted Incurred Loss & LAE:	3,758,883
(9) Trend From First Dollar of Loss Adjustment = $1 + \frac{((6) - 1) \cdot (7)}{((6) \cdot (8))} =$	1.016

B) Factor Applicable to Permissible Loss and LAE Ratio

(1) Selected Annual Current Cost Factor	6.0%
(2) Trend From First Dollar of Loss Adjustment = $1 + \frac{((1) \cdot (A7))}{(((1)+1) \cdot (A8))} =$	1.004

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 4 & 6
CALCULATION OF TREND FROM FIRST DOLLAR OF LOSS
RENEWALS EFFECTIVE 3/17/2009**

A) Factor Applicable to Experience Loss and LAE Ratio

(1)	(2)	(3)
Twelve Months Ending	Current Cost Factor	Calendar Year Weight
3/31/2004	1.126	0.100
3/31/2005	1.093	0.150
3/31/2006	1.061	0.200
3/31/2007	1.030	0.250
3/31/2008	1.000	0.300

(4) Weighted Current Cost Factor = $\Sigma[(2) \cdot (3)] =$	1.046
(5) Loss Projection Factor	1.128
(6) Average Aggregate Loss Trend = (4) · (5) =	1.18
(7) Five-Year Incurred Loss Eliminated by Deductible:	4,500
(8) Five-Year Group Adjusted Incurred Loss & LAE:	30,502
(9) Trend From First Dollar of Loss Adjustment = $1 + \frac{((6) - 1) \cdot (7)}{((6) \cdot (8))} =$	1.023

B) Factor Applicable to Permissible Loss and LAE Ratio

(1) Selected Annual Current Cost Factor	3.0%
(2) Trend From First Dollar of Loss Adjustment = $1 + \frac{((1) \cdot (A7))}{[((1)+1) \cdot (A8)]} =$	1.004

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
CALCULATION OF INCURRED LOSS ELIMINATED BY DEDUCTIBLE
RENEWALS EFFECTIVE 3/17/2009**

A) Incurred Claim Count (All Causes, by Deductible)

	Accident Year Ending: Evaluated at:	3/31/2004 6/30/2008	3/31/2005 6/30/2008	3/31/2006 6/30/2008	3/31/2007 6/30/2008	3/31/2008 6/30/2008
\$ 0		0	0	0	0	0
\$ 25		0	0	0	0	0
\$ 50		0	0	0	0	0
\$ 100		0	0	0	0	0
\$ 150		0	0	0	0	0
\$ 200		0	0	0	0	0
\$ 250		61	29	0	0	0
\$ 300		0	0	0	0	0
\$ 350		0	0	0	0	0
\$ 400		0	0	0	0	0
\$ 450		0	0	0	0	0
\$ 500		41	58	140	49	60
\$ 600		0	0	0	0	0
\$ 750		0	0	0	0	0
\$ 800		0	0	0	0	0
\$1,000		9	14	32	25	19
\$1,200		0	0	0	0	0
\$2,500		0	0	0	0	0
\$5,000		0	0	0	1	0
<hr/>						
Subtotal Valid		111	101	172	75	79
Invalid		0	0	0	0	0
<hr/>						
Total		111	101	172	75	79

B) Liability and Medical Payments Incurred Claim Counts (All Deductibles)

1	2	0	3	19
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C) Incurred Loss Eliminated by Deductible

(1) By Year	44,347	49,255	102,000	52,320	37,215
(2) Five-Year Total					285,137

Incurred Loss Eliminated by Deductible (C) is calculated as the sum of the products of the deductible amounts and the incurred claim counts by deductible amount for valid deductible codes. This sum is multiplied by the ratio of the "Total" claim count to the "Subtotal Valid" claim count to adjust for the portion of claims coded to an "Invalid" deductible code. This product is then multiplied by the complement of the ratio of the "Liability and Medical Payments" count (B) to the "Total" count to adjust for the portion of the Total claims not subject to a deductible.

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 4 & 6
CALCULATION OF INCURRED LOSS ELIMINATED BY DEDUCTIBLE
RENEWALS EFFECTIVE 3/17/2009**

A) Incurred Claim Count (All Causes, by Deductible)

	Accident Year Ending: Evaluated at:	3/31/2004 6/30/2008	3/31/2005 6/30/2008	3/31/2006 6/30/2008	3/31/2007 6/30/2008	3/31/2008 6/30/2008
\$ 0		0	0	0	0	0
\$ 25		0	0	0	0	0
\$ 50		0	0	0	0	0
\$ 100		0	0	0	0	0
\$ 150		0	0	0	0	0
\$ 200		0	0	0	0	0
\$ 250		2	2	1	0	0
\$ 300		0	0	0	0	0
\$ 350		0	0	0	0	0
\$ 400		0	0	0	0	0
\$ 450		0	0	0	0	0
\$ 500		0	2	1	0	0
\$ 600		0	0	0	0	0
\$ 750		0	0	1	0	0
\$ 800		0	0	0	0	0
\$1,000		0	0	1	0	0
\$1,200		0	0	0	0	0
\$2,500		0	0	0	0	0
\$5,000		0	0	0	0	0
<hr/>						
Subtotal Valid		2	4	4	0	0
Invalid		0	0	0	0	0
<hr/>						
Total		2	4	4	0	0

B) Liability and Medical Payments Incurred Claim Counts (All Deductibles)

	0	0	0	0	0
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C) Incurred Loss Eliminated by Deductible

(1) By Year	500	1,500	2,500	0	0
(2) Five-Year Total					4,500

Incurred Loss Eliminated by Deductible (C) is calculated as the sum of the products of the deductible amounts and the incurred claim counts by deductible amount for valid deductible codes. This sum is multiplied by the ratio of the "Total" claim count to the "Subtotal Valid" claim count to adjust for the portion of claims coded to an "Invalid" deductible code. This product is then multiplied by the complement of the ratio of the "Liability and Medical Payments" count (B) to the "Total" count to adjust for the portion of the Total claims not subject to a deductible.

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
CALCULATION OF PERMISSIBLE LOSS & LAE RATIO TREND FACTOR
RENEWALS EFFECTIVE 3/17/2009**

(1A) Date of Last Rate Level Revision (Renewal Business):	5/13/2008
(1B) Average Accident Date of Last Revision:	5/13/2009
(2A) Proposed Effective Date:	3/17/2009
(2B) Average Effective Period Accident Date:	3/17/2010
(3) Number of Years Between (1B) and (2B):	0.844
(4) Selected Annual Trended Cost Factor:	6.0%
(5) Trend from First Dollar of Loss Adjustment:	1.004
(6) Implied Annual Premium Trend Factor:	0.067
(7) Permissible Loss & LAE Ratio Trend Factor: $\{[(1+(4))^{(5)}]/(1+(6))\}^{(3)}$	0.998

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 4 & 6
CALCULATION OF PERMISSIBLE LOSS & LAE RATIO TREND FACTOR
RENEWALS EFFECTIVE 3/17/2009**

(1A) Date of Last Rate Level Revision (Renewal Business):	5/13/2008
(1B) Average Accident Date of Last Revision:	5/13/2009
(2A) Proposed Effective Date:	3/17/2009
(2B) Average Effective Period Accident Date:	3/17/2010
(3) Number of Years Between (1B) and (2B):	0.844
(4) Selected Annual Trended Cost Factor:	5.0%
(5) Trend from First Dollar of Loss Adjustment:	1.004
(6) Implied Annual Premium Trend Factor:	0.023
(7) Permissible Loss & LAE Ratio Trend Factor: $\{[(1+(4))^{(5)}]/(1+(6))\}^{(3)}$	1.026

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - ALL FORMS
RATE LEVEL HISTORY
RENEWALS EFFECTIVE 3/17/2009**

Ohio Casualty Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
7/1/2002	0.0%	0.1%	0.0%
11/21/2002	24.8%	-1.2%	23.6%
7/22/2003	0.0%	-0.2%	0.0%
1/20/2004	24.8%	6.3%	23.9%
8/22/2004	0.3%	0.0%	0.3%
3/23/2006	4.1%	0.0%	4.0%
7/1/2007	-0.6%	0.0%	-0.6%
1/25/2008	4.3%	-1.1%	4.1%
5/13/2008	-4.2%	0.0%	-4.1%

West American Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
7/1/2002	0.0%	0.1%	0.0%
11/21/2002	24.8%	-0.8%	24.0%
7/22/2003	0.0%	-0.1%	0.0%
1/20/2004	24.8%	6.3%	24.2%
8/22/2004	-0.1%	0.0%	-0.1%
3/23/2006	0.8%	-3.7%	0.7%
7/1/2007	3.2%	0.0%	3.1%
1/25/2008	0.8%	-2.1%	0.7%
5/13/2008	-5.1%	0.0%	-5.0%

American Fire and Casualty

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
7/1/2002	0.0%	0.0%	0.0%
11/21/2002	24.8%	7.8%	24.5%
7/22/2003	0.0%	0.0%	0.0%
1/20/2004	24.8%	6.3%	24.6%
8/22/2004	0.3%	0.0%	0.3%
3/23/2006	0.3%	0.0%	0.3%
7/1/2007	-0.8%	0.0%	-0.8%
1/25/2008	1.2%	-4.0%	1.2%
5/13/2008	-3.3%	0.0%	3.3%