

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Filing at a Glance

Companies: The Automobile Insurance Company of Hartford, Connecticut, The Travelers Indemnity Company of America

Product Name: Homesaver	SERFF Tr Num: TRVA-126625224	State: Arkansas
TOI: 30.1 Dwelling Fire/Personal Liability	SERFF Status: Closed-Filed	State Tr Num: EFT \$100
Sub-TOI: 30.1000 Dwelling Fire/Personal Liability	Co Tr Num: 2010-05-0047	State Status: Fees verified and received
Filing Type: Rate/Rule		Reviewer(s): Becky Harrington, Betty Montesi
	Authors: Stephen Fisher, Bill Dutcher	Disposition Date: 07/23/2010
	Date Submitted: 05/18/2010	Disposition Status: Filed
Effective Date Requested (New): 08/06/2010		Effective Date (New): 08/06/2010
Effective Date Requested (Renewal): 08/06/2010		Effective Date (Renewal): 08/06/2010

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/23/2010	
State Status Changed: 05/19/2010	Deemer Date:
Created By: Bill Dutcher	Submitted By: Bill Dutcher
Corresponding Filing Tracking Number:	
Filing Description:	
Base rate & rule updates	

## Company and Contact

### Filing Contact Information

Bill Dutcher,

WDUTCHER@Travelers.com

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 Product Name: Homesaver  
 Project Name/Number: /

One Tower Square 5PB 860-277-5549 [Phone]  
 Hartford, CT 06183 860-277-5204 [FAX]

**Filing Company Information**

The Automobile Insurance Company of Hartford, Connecticut CoCode: 19062 State of Domicile: Connecticut  
 One Tower Square Group Code: 3548 Company Type: Property/Casualty  
 Hartford, CT 06183 Group Name: State ID Number:  
 (860) 277-7395 ext. [Phone] FEIN Number: 06-0848755

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 The Travelers Indemnity Company of America CoCode: 25666 State of Domicile: Connecticut  
 One Tower Square Group Code: 3548 Company Type: Property/Casualty  
 Hartford, CT 06183 Group Name: State ID Number:  
 (860) 277-7395 ext. [Phone] FEIN Number: 58-6020487

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Travelers Indemnity Company of America	\$100.00	05/18/2010	36611783
The Automobile Insurance Company of Hartford, Connecticut	\$0.00	05/18/2010	

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07/23/2010	07/23/2010

### 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	06/25/2010	06/25/2010	Bill Dutcher	07/22/2010	07/22/2010
Pending Industry Response	Becky Harrington	06/11/2010	06/11/2010	Bill Dutcher	06/24/2010	06/24/2010
Pending Industry Response	Becky Harrington	05/28/2010	05/28/2010	Bill Dutcher	06/04/2010	06/04/2010
Pending Industry Response	Becky Harrington	05/19/2010	05/19/2010	Bill Dutcher	05/28/2010	05/28/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Losses	Note To Filer	Becky Harrington	06/04/2010	06/04/2010

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 Company Tracking Number: 2010-05-0047  
 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
 Project Name/Number: /

## Disposition

Disposition Date: 07/23/2010  
 Effective Date (New): 08/06/2010  
 Effective Date (Renewal): 08/06/2010  
 Status: Filed  
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Automobile Insurance Company of Hartford, Connecticut	24.930%	9.970%	\$204,291	2,636	\$2,049,062	%	%
The Travelers Indemnity Company of America	24.930%	9.040%	\$3,560	46	\$39,384	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	9.960%
Effect of Rate Filing-Written Premium Change For This Program	\$207,851
Effect of Rate Filing - Number of Policyholders Affected	2,682

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 Connecticut, ...  
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 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		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	NAIC loss cost data entry document		Yes
Supporting Document	Filing Package		Yes
Supporting Document	Objection response 1	Filed	Yes
Supporting Document	Objection response 2	Filed	Yes
Supporting Document	Objection response 3	Filed	Yes
Supporting Document	Revised Filing Package	Filed	Yes
Rate	Deductibles	Filed	Yes
Rate	Premium Credits for New Homes	Filed	Yes
Rate	Residence Premises-Basic & Increased Limits\Other Exposures-Basic Limits	Filed	Yes
Rate	Other Exposures-Personal Liability Increased Limits	Filed	Yes
Rate	Rate Pages		Yes
Rate	Classification Pages	Filed	Yes
Rate	Revised Base Rates	Filed	Yes

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TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/25/2010  
Submitted Date 06/25/2010  
Respond By Date

Dear Bill Dutcher,

This will acknowledge receipt of the response dated 6/24/10.

Please amend your overall rate change to 10% per Commissioner Bradford.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

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Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/22/2010  
Submitted Date 07/22/2010

Dear Becky Harrington,

### Comments:

Please see the attached revised information for this filing. Thank you.

### Response 1

Comments: Attached are the updated base rate pages, RF-1 forms & the updated rate information is included in the post-submission update. These changes align us with the Commissioner's 10% rate allocation.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment: Attached are the revised RF-1 forms effective 07-22-2010

Satisfied -Name: Revised Filing Package

Comment:

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Revised Base Rates	ARRA-1 - ARRA-5	Replacement	

Please let me know if you have any questions. If you could please review this update on 7/23 I would greatly appreciate it. Thank you very much.

Sincerely,  
Bill Dutcher, Stephen Fisher

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Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/11/2010

Submitted Date 06/11/2010

Respond By Date

Dear Bill Dutcher,

The objection is the same information requested in the note to filer. It is being converted to an objection due to the delay in your response.

Objection 1

No Objections

Comment: The Commissioner is reviewing all personal lines rate filings. He usually asks what type of losses are most responsible for the loss ratio: fire, weather, etc. Please provide this information before 6/11/10. We are scheduled to discuss the filing with him at that time.

Additionally, regarding the countrywide experience, it is not that we do not understand why and how credibility is used. We want to see the countrywide experience developed as in exhibit 2; it is required by statute.

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

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/24/2010  
Submitted Date 06/24/2010

Dear Becky Harrington,

### Comments:

Hi Becky - please see the additional information attached. Thanks.

### Response 1

Comments: The countrywide data is attached in the documents below.

#### Related Objection 1

Comment:

The Commissioner is reviewing all personal lines rate filings. He usually asks what type of losses are most responsible for the loss ratio: fire, weather, etc. Please provide this information before 6/11/10. We are scheduled to discuss the filing with him at that time.

Additionally, regarding the countrywide experience, it is not that we do not understand why and how credibility is used. We want to see the countrywide experience developed as in exhibit 2; it is required by statute.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Objection response 3

Comment: Please see the attached documents that contain the required (and requested) countrywide data. Thank you.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you need any additional information. Thank you.

Sincerely,

Bill Dutcher, Stephen Fisher

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/28/2010  
Submitted Date 05/28/2010

Respond By Date

Dear Bill Dutcher,

This will acknowledge receipt of the response dated 5/28/2010.

### Objection 1

- Filing Package (Supporting Document)
- Objection response 1 (Supporting Document)

Comment: Please see the code below. I previously asked for the 5-year countywide experience. You provided the RF-1. Since AR is only 50% credible, please provide an indicated rate need using countrywide experience, for comparison to the AR credibility developed need.

23-67-209

(a) Due consideration must be given to past and prospective loss and expense experience within and outside this state, to catastrophe hazards and contingencies, to events or trends within and outside this state, to loadings for leveling rates over a period of time, to dividends or savings to be allowed or returned by insurers to their policyholders, members, or subscribers, and to all other relevant factors. All submissions for rate changes or supplementary rate changes must include this information with Arkansas experience shown as well as companywide experience for the past five (5) years for the class of business which this filing affects. The determination of the weighting of credibility assigned to Arkansas must be fully explained. If, within a particular class, the data is not sufficiently credible for Arkansas or companywide, and common classes are grouped together for rate-making purposes, all class codes utilized in developing credibility shall be shown as an exhibit in the filing, with Arkansas experience for each class affected shown separately. If significant trends within the state are utilized, a narrative describing the basis of the trend must be included.

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

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/04/2010  
Submitted Date 06/04/2010

Dear Becky Harrington,

### Comments:

Becky, please see the attached response & let me know if you have any further questions.

### Response 1

Comments: Please see the attached documents.

#### Related Objection 1

Applies To:

- Filing Package (Supporting Document)
- Objection response 1 (Supporting Document)

Comment:

Please see the code below. I previously asked for the 5-year countywide experience. You provided the RF-1. Since AR is only 50% credible, please provide an indicated rate need using countrywide experience, for comparison to the AR credibility developed need.

23-67-209

(a) Due consideration must be given to past and prospective loss and expense experience within and outside this state, to catastrophe hazards and contingencies, to events or trends within and outside this state, to loadings for leveling rates over a period of time, to dividends or savings to be allowed or returned by insurers to their policyholders, members, or subscribers, and to all other relevant factors. All submissions for rate changes or supplementary rate changes must include this information with Arkansas experience shown as well as companywide experience for the past five (5) years for the class of business which this filing affects. The determination of the weighting of credibility assigned to Arkansas must be fully explained. If, within a particular class, the data is not sufficiently credible for Arkansas or companywide, and common classes are grouped together for rate-making purposes, all class codes utilized in developing credibility shall be shown as an exhibit in the filing, with Arkansas experience for each class affected shown separately. If significant trends within the state are utilized, a narrative describing the basis of the trend must be included.



SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/19/2010

Submitted Date 05/19/2010

Respond By Date

Dear Bill Dutcher,

This will acknowledge receipt of the captioned filing.

### Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: This form applies to the equivalent of form DP-2 as well as homeowner policies. Please complete the DP-2 section, if applicable.

### Objection 2

- Filing Package (Supporting Document)

Comment: Please provide 5-year countrywide experience as required by ACA 23-67-209(a).

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

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/28/2010  
Submitted Date 05/28/2010

Dear Becky Harrington,

### Comments:

### Response 1

Comments: Please see the document attached.

### Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

This form applies to the equivalent of form DP-2 as well as homeowner policies. Please complete the DP-2 section, if applicable.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Objection response 1

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

Comments: Updated RF-1 forms have been attached.

### Related Objection 1

Applies To:

- Filing Package (Supporting Document)

Comment:

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

Please provide 5-year countrywide experience as required by ACA 23-67-209(a).

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you require any additional information. Thank you.

Sincerely,

Bill Dutcher, Stephen Fisher



SERFF Tracking Number: TRVA-126625224 State: Arkansas  
 First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
 Connecticut, ...  
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 Product Name: Homesaver  
 Project Name/Number: /

**Post Submission Update Request Processed On 07/23/2010**

**Status:** Allowed  
**Created By:** Bill Dutcher  
**Processed By:** Becky Harrington  
**Comments:**

**Company Rate Information:**

**Company Name:**The Automobile Insurance Company of Hartford, Connecticut

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.970%	13.040%
Written Premium Change for this Program	\$204291	\$267198

**Company Name:**The Travelers Indemnity Company of America

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.040%	12.090%
Written Premium Change for this Program	\$3560	\$4762

**Overall Rate Information:**

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	9.960%	13.020%

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:** File & Use  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 16.100%  
**Effective Date of Last Rate Revision:** 07/31/2009  
**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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Automobile Insurance Company of Hartford, Connecticut	%	9.970%	\$204,291	2,636	\$2,049,062	%	%
The Travelers Indemnity Company of America	%	9.040%	\$3,560	46	\$39,384	%	%

**Overall Rate Information for Multiple Company Filings**

**Overall % Rate Indicated:**  
**Overall Percentage Rate Impact For This Filing:** 9.960%

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

**Effect of Rate Filing - Written Premium Change For This Program: \$207,851**  
**Effect of Rate Filing - Number of Policyholders Affected: 2682**

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
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 Connecticut, ...  
 Company Tracking Number: 2010-05-0047  
 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
 Project Name/Number: /

## Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 07/23/2010	Deductibles	406	Replacement	Updated Rule 406.pdf
Filed 07/23/2010	Premium Credits for New Homes	413	Replacement	Updated Rule 413.pdf
Filed 07/23/2010	Residence Premises- Basic & Increased Limits\Other Exposures-Basic Limits	601	Replacement	Updated Rule 601.pdf
Filed 07/23/2010	Other Exposures- Personal Liability Increased Limits	701	Replacement	Updated Rule 701.pdf
	Rate Pages	ARRA-1 - ARRA-5	Replacement	ARRDWRA.pdf
Filed 07/23/2010	Classification Pages	ARCL-1 - ARCL- 6	Replacement	ARRDWCL.pdf
Filed 07/23/2010	Revised Base Rates	ARRA-1 - ARRA-5	Replacement	ARRDWRA.pdf

4. Structures located away from the residence premises, charge the rate per \$1,000 below:

	1-2 Family		3 or More Fam.	
Forms HS 661 and 662	Fire	\$2.50	Fire	\$3.00
	Allied Lines	\$1.50	Allied Lines	\$1.75
Form HS 663	Fire	\$3.50	Fire	\$4.00
	Allied Lines	\$1.75	Allied Lines	\$2.00
Form HS 664	Fire	\$2.00	Fire	\$2.50
	Allied Lines	\$1.00	Allied Lines	\$1.25

Use SPECIFIC STRUCTURES AWAY FROM THE RESIDENCE PREMISES endorsement **HS 04 92**

**RULE 406. DEDUCTIBLES**

All Travelers Homesaver policies are subject to a base deductible applicable to loss from all Section I perils except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to Rule **502.** for the applicable deductible provision.

For Theft coverage, the deductible amount may differ from the deductible amount that applies to Fire and Allied Lines perils. Refer to Rule **508.** for the applicable deductible provision.

**A. Base Deductible.** The Homesaver Program provides a \$500 base deductible. Premiums shown in this Manual take this deductible into consideration.

**B. Optional \$100 Deductible**

**All Forms.** The Homesaver policy may be written subject to a \$100 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 26.3% and the Allied Lines BASE PREMIUM by 26.3%.

**C. Optional \$250 Deductible**

**All Forms.** The Homesaver policy may be written subject to a \$250 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 5.3% and the Allied Lines BASE PREMIUM by 5.3%.

**D. Optional Higher Deductibles**

**All Forms.** The Homesaver Program provides a higher deductible applicable to all perils under Section I of the policy in an amount and at a premium credit as developed in the following table.

Determine the premium credit for the higher deductible by multiplying the BASE PREMIUMS by the applicable listed percentage.

Deductible	Fire	Dollar Maximum	Allied Lines	Dollar Maximum
\$1,000	10%	\$200	10%	\$60
\$2,500	12%	\$300	12%	\$70
\$5,000	14%	\$400	14%	\$80

**RULE 407. BUILDING ADDITIONS AND ALTERATIONS INCREASED LIMITS**

**FORM HS 665:** The limit of liability of 10% of Coverage C may be increased.

**Premium:** The following rates per \$1,000 apply.

Fire	\$3.00
Allied Lines	\$2.00

Use BUILDING ADDITIONS AND ALTERATIONS, Increased Limit-Form HS 665 endorsement **HS 04 51.**

**RULE 408. UNIT-OWNER'S BUILDING INCREASED LIMITS**

The basic Coverage A limit of liability of \$5,000 may be increased in \$1,000 increments.

**FORM HS 662**

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$2.00	Fire \$2.00
Allied Lines	\$1.50	Allied Lines \$1.50

**FORM HS 664**

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$2.00	Fire \$2.00
Allied Lines	\$1.00	Allied Lines \$1.00

**RULE 409.**  
**PERSONAL PROPERTY/HOUSEHOLD**  
**FURNISHINGS**

**A. Increased Limit:** The limit of liability for Coverage C may be increased. The additional premium is determined as follows:

1. **FORM HS 661 or HS 663:** Rates per \$1,000 of insurance:

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$1.50	Fire \$1.50
Allied Lines	\$1.00	Allied Lines \$1.00

2. **FORM HS 662, HS 664 or HS 665:** Calculate the premium for the Coverage C limit selected in accordance with Rule 301.A.2.

**B. Increased Limits - Other Residences: Forms HS 661, HS 662 or HS 665** Coverage for Personal Property usually located at other residences is limited in the policy form to 10% of Coverage C or \$1,000, whichever is greater. This limit may be increased. Charge an additional rate per \$1,000 of insurance as follows:

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$1.50	Fire \$1.50
Allied Lines	\$1.00	Allied Lines \$1.00

Use INCREASED LIMITS ON PERSONAL PROPERTY IN OTHER RESIDENCES endorsement **HS 04 50**.

**RULE 410.**  
**LOSS ASSESSMENT COVERAGE**

The policy automatically provides, at no additional charge, \$1,000 of loss assessment coverage, excluding Earthquake, for assessments relating to the residence premises. The basic limit may be increased. The additional premium is shown below.

New Amount of Coverage	Premium	
	Fire	Allied
\$5,000	\$10	\$10
	\$13	\$13
\$10,000	\$2	\$2
	\$2	\$2
Each additional \$5,000 up to \$50,000:	\$2	\$2
	\$2	\$2

Use LOSS ASSESSMENT COVERAGE endorsement **HS 04 35**.

**RULE 411.**  
**LOSS OF USE - INCREASED LIMITS**

The limit of liability for Coverage D may be increased. Charge an additional rate per \$1,000 of insurance as follows:

**FORMS HS 661, 662, 663 and 665**

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$3.50	Fire \$3.50
Allied Lines	\$2.50	Allied Lines \$2.50

**FORM HS 664**

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$3.00	Fire \$3.00
Allied Lines	\$2.00	Allied Lines \$2.00

**RULE 412.**  
**LANDLORD'S FURNISHINGS - INCREASED LIMITS**

**Form HS 661:** The basic limit of liability for Landlord's Furnishings of \$1,000 may be increased in \$1,000 increments.

Premium:	Rate per \$1,000	
	1-2 Family	3 or More Families
Fire	\$3.05	Fire \$3.05
Allied Lines	\$2.00	Allied Lines \$2.00

Use LANDLORD'S FURNISHINGS Increased Limits endorsement **HS 04 22**.

**RULE 413.**  
**PREMIUM CREDITS FOR NEW HOMES**

**A.** The credits listed below are applicable to Home-saver **FORMS HS 661 and HS 663** only for dwellings meeting **ALL** of the following criteria:

1. The dwelling is not more than seven years old.
2. The dwelling is a 1 or 2 family structure. (Three or four family dwellings do not qualify.)

3. One of the following endorsements must apply:
- a. **HS 00 02** BROAD PERILS COVERAGE;
  - b. **HS 00 03** SPECIAL COVERAGE; or
  - c. **HS 05 31** MODIFIED LOSS SETTLEMENT
- B. To determine the Premium Credit, multiply the Fire and Allied Lines BASE PREMIUMS by the applicable credit shown below.

**NEW HOME CREDITS**

<b>Age of Dwelling</b>	<b>Percent Credit</b>
1 year old or less	16%
2 years old	14%
3 years old	12%
4 years old	10%
5 years old	8%
6 years old	6%
7 years old	4%
8 years or older	0%

For the purposes of this credit, the age of the home is calculated by using the following formula:

Year of the Policy Effective Date - Year Built + 1  
= Age of Home

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**RULE 414.**

**RESERVED FOR FUTURE USE**

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**SECTION II OPTIONAL LIABILITY COVERAGES**

**RULE 601.**

**RESIDENCE PREMISES - BASIC AND INCREASED LIMITS/OTHER EXPOSURES - BASIC LIMITS**

**A. Residence Premises**

1. Coverages E and F under Section II of a Homesaver Policy are available only in conjunction with Section I coverages. They are optional, but Coverage F is available only in conjunction with Coverage E.
2. When the premises is owner-occupied or the policy is issued to an Apartment Renter, Coverage E and F provide Personal Liability and Medical Payments To Others coverage. When the premises is nonowner-occupied, Coverages E and F provide Premises Liability and Medical Payments coverage. See Rule 102.B.
3. Minimum limits of liability for Coverages E and F are shown in Rule 101. The premium for these limits is NOT included in the BASE PREMIUM. Refer to the tables below for basic and increased limits rates.
4. If increased limits are written, then the same limits must apply to any Other Exposures covered under the policy unless otherwise stated.

**Residence Premises, Forms HS 661:**

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48
2	\$100,000	\$40	\$44	\$49
	\$200,000	\$47	\$51	\$56
	\$300,000	\$53	\$57	\$62
	\$500,000	\$59	\$63	\$68
3	\$100,000	\$66	\$70	\$75
	\$200,000	\$76	\$80	\$85
	\$300,000	\$86	\$90	\$95
	\$500,000	\$95	\$99	\$104

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
4	\$100,000	\$67	\$71	\$76
	\$200,000	\$77	\$81	\$86
	\$300,000	\$87	\$91	\$96
	\$500,000	\$97	\$101	\$106

**Residence Premises, Form HS 662:**

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

**Residence Premises, Form HS 663:**

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26
2	\$100,000	\$18	\$22	\$27
	\$200,000	\$22	\$26	\$31
	\$300,000	\$24	\$28	\$33
3	\$100,000	\$26	\$30	\$35
	\$100,000	\$32	\$36	\$41
	\$200,000	\$37	\$41	\$46
	\$300,000	\$41	\$45	\$50
4	\$500,000	\$46	\$50	\$55
	\$100,000	\$35	\$39	\$44
	\$200,000	\$40	\$44	\$49
3	\$300,000	\$45	\$49	\$54
	\$500,000	\$49	\$53	\$58

**Residence Premises, Form HS 664:**

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26

**Residence Premises, Form HS 665:**

Num. Of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

**B. Other Exposures**

1. There is an additional charge for Other Exposures listed in the following rules.
2. The minimum limits for Other Exposures are the same as the limits for the Residence Premises unless otherwise indicated.
3. For increased limits for Other Exposures, see rates below.
4. If increased limits are written, the same limits must apply to the Residence Premises unless otherwise stated.

**RULE 602. OTHER INSURED LOCATIONS OCCUPIED BY THE INSURED**

- Forms HS 661, HS 662 and HS 665:** Section II coverage may be provided on locations other than the residence premises where the insured resides but which are insured for Section I coverage under another insurance program.
- Make the appropriate charge for each other insured location shown in the Declarations of the policy.**

C. Premium: refer to rates below.

Limit	NUMBER OF FAMILIES			
	1	2	3	4
Cov. E. \$100,000				
Cov. F \$1,000	\$7	\$7	\$10	\$10

**RULE 603. RESERVED FOR FUTURE USE**

**RULE 604. PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES**

**A. Forms HS 661, HS 662 and HS 665:** If Section II applies, and the insured maintains an office, private school or studio on the premises, the additional premium is calculated by adding the appropriate charge from the following table to the premium developed for any required increase in the Coverage C Limits of Liability.

LIMIT	PREMIUM
Cov. E. \$100,000	
Cov. F \$1,000	\$19

Use PERMITTED INCIDENTAL OCCUPANCIES Residence Premises endorsement **HS 04 42**.

**RULE 605. BUSINESS PURSUITS**

**Forms HS 661, HS 662 and HS 665:** If Section II applies, the policy may be endorsed to provide coverage for the liability of the insured arising out of business activities. Coverage is excluded if the insured is the owner or partner or maintains financial control of the business. Classify and apply a charge separately for each person insured.

**Classifications:**

**A. Clerical Office Employees:** defined as those employees whose duties are confined to keeping the books or records, conducting correspondence, or who are engaged wholly in office work where such books or records are kept or where such correspondence is conducted, having no other duty of any nature in or about the employer's premises. This classification applies only to persons who are employed exclusively in separate buildings or on separate floors or buildings or in departments on such floors which are

**RULE 701.  
OTHER EXPOSURES - PERSONAL LIABILITY  
INCREASED LIMITS**

Apply the appropriate factor shown below to the basic limits premium for each exposure.

Limit	Factor
\$200,000	1.27
300,000	1.49
500,000	1.65

**RULE 702.  
OTHER EXPOSURES - MEDICAL PAYMENTS  
INCREASED LIMITS**

Rule	Coverage F - Medical Payments	\$2,000	\$5,000
602.	OTHER INSURED LOCATIONS OCCUPIED BY THE INSURED	\$5	\$12
604.	PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES	\$5	\$12
605.	<b>A. Clerical Office Employees</b>	\$5	\$12
	<b>B. Sales People, Collectors or Messengers:</b> "includes installation," demonstration or servicing operations.	\$5	\$12
	<b>C. Sales People, Collectors or Messengers:</b> "no installation," demonstration or servicing operations.	\$5	\$12
	<b>D. Teachers:</b> athletic, laboratory, manual training, physical training, demonstration or servicing operations; excludes liability for corporal punishment of pupils	\$5	\$12
	<b>E. Teachers:</b> not otherwise classified; excludes liability for corporal punishment of pupils	\$5	\$12

Rule	Coverage F - Medical Payments	\$2,000	\$5,000
606.	OUTBOARD MOTORS AND WATERCRAFT  Inboard, Inboard-Outdrive or Outboard Powered Watercraft:  A. 15 feet and under: Up to 50 HP:                     \$5       \$12  B. Over 15 to 26 feet: Up to 50 HP:                     \$5       \$12 51 to 100 HP:                   \$5       \$12 101 to 150 HP:                  \$5       \$12  Sailboats, with or without auxiliary power: (Length 26 to 40 feet)             \$5       \$12		
607.	INCIDENTAL FARMING	\$5	\$12

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-661**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>101</b>
<b>31</b>	<b>138</b>
<b>32</b>	<b>104</b>
<b>33</b>	<b>135</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-661**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>40</b>
<b>31</b>	<b>52</b>
<b>32</b>	<b>41</b>
<b>33</b>	<b>51</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-662**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>33</b>
<b>31</b>	<b>34</b>
<b>32</b>	<b>34</b>
<b>33</b>	<b>38</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-662**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>14</b>
<b>31</b>	<b>14</b>
<b>32</b>	<b>14</b>
<b>33</b>	<b>16</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-663**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>154</b>
<b>31</b>	<b>160</b>
<b>32</b>	<b>160</b>
<b>33</b>	<b>173</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-663**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>59</b>
<b>31</b>	<b>61</b>
<b>32</b>	<b>61</b>
<b>33</b>	<b>67</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-664**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>36</b>
<b>31</b>	<b>41</b>
<b>32</b>	<b>46</b>
<b>33</b>	<b>40</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-664**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>15</b>
<b>31</b>	<b>17</b>
<b>32</b>	<b>18</b>
<b>33</b>	<b>17</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-665**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>33</b>
<b>31</b>	<b>34</b>
<b>32</b>	<b>34</b>
<b>33</b>	<b>38</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-665**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>14</b>
<b>31</b>	<b>14</b>
<b>32</b>	<b>14</b>
<b>33</b>	<b>16</b>

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE CLASSIFICATION TABLE**

**Territory Assignments**

Regular: All Territories

**b. KEY FACTOR TABLE**

**301. BASE PREMIUM COMPUTATION  
CLASSIFICATION AND KEY FACTOR TABLES**

**A.1 FORM 661**

**a. CLASSIFICATION TABLES**

**(1) NUMBER OF FAMILIES**

One	Two	Three	Four	Five
1.000	1.100	1.601	1.601	n/a

**(2) SEASONAL FACTORS**

Seasonal	1.20
Non-Seasonal	1.00

**(3) PROTECTION-CONSTRUCTION FACTORS**

Protection Class	Protection Code	Construction Masonry	Construction Frame
1	1	1.000	1.421
2	2	1.000	1.421
3	3	1.000	1.421
4	4	1.090	1.505
5	5	1.421	1.597
6	6	1.774	1.673
7	7	2.706	1.743
8	8	3.106	2.184
9	9	3.496	2.656
10	10	4.792	3.481

Cov A		Cov A	
Amount	Factor	Amount	Factor
<b>Each Reduction of \$1,000</b>			<b>0.010</b>
\$ 15,000	0.818	\$ 195,000	3.810
16,000	0.855	200,000	3.890
17,000	0.891	205,000	3.970
18,000	0.927	210,000	4.050
19,000	0.964	215,000	4.130
20,000	1.000	220,000	4.210
25,000	1.082	225,000	4.290
30,000	1.163	230,000	4.370
35,000	1.245	235,000	4.450
40,000	1.327	240,000	4.530
45,000	1.408	245,000	4.610
50,000	1.550	250,000	4.690
55,000	1.633	255,000	4.770
60,000	1.716	260,000	4.850
65,000	1.799	265,000	4.930
70,000	1.882	270,000	5.010
75,000	1.966	275,000	5.090
80,000	2.049	280,000	5.170
85,000	2.132	285,000	5.250
90,000	2.215	290,000	5.330
95,000	2.298	295,000	5.410
100,000	2.347	300,000	5.490
105,000	2.429	305,000	5.570
110,000	2.511	310,000	5.650
115,000	2.593	315,000	5.730
120,000	2.675	320,000	5.810
125,000	2.757	325,000	5.890
130,000	2.839	330,000	5.970
135,000	2.921	335,000	6.050
140,000	3.003	340,000	6.130
145,000	3.085	345,000	6.210
150,000	3.167	350,000	6.290
155,000	3.170	355,000	6.370
160,000	3.250	360,000	6.450
165,000	3.330	365,000	6.530
170,000	3.410	370,000	6.610
175,000	3.490	375,000	6.690
180,000	3.570	380,000	6.770
185,000	3.650	385,000	6.850
190,000	3.730	390,000	6.930
<b>Each Additional \$5,000</b>			<b>0.080</b>

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

OTHER ALLIED LINES CLASSIFICATION TABLE

Territory Assignments

Regular: All Territories

b. KEY FACTOR TABLE

301. BASE PREMIUM COMPUTATION  
CLASSIFICATION AND KEY FACTOR TABLES

A.1 FORM 661

a. CLASSIFICATION TABLES

(1) NUMBER OF FAMILIES

One	Two	Three	Four	Five
1.000	1.100	1.601	1.601	n/a

(2) SEASONAL FACTORS

Seasonal	1.20
Non-Seasonal	1.00

(3) BROAD FORM AND SPECIAL COVERAGE

Broad Form	1.50
Special Coverage	1.95

(3) PROTECTION-CONSTRUCTION FACTORS

Protection Class	Protection Code	Construction	
		Masonry	Frame
1	1	1.000	1.421
2	2	1.000	1.421
3	3	1.000	1.421
4	4	1.090	1.505
5	5	1.421	1.597
6	6	1.774	1.673
7	7	2.706	1.743
8	8	3.106	2.184
9	9	3.496	2.656
10	10	4.792	3.481

Cov A		Cov A	
Amount	Factor	Amount	Factor
<b>Each Reduction of \$1,000</b>			
\$ 15,000	0.885	\$ 195,000	5.020
16,000	0.908	200,000	5.135
17,000	0.931	205,000	5.250
18,000	0.953	210,000	5.365
19,000	0.976	215,000	5.480
20,000	1.000	220,000	5.595
25,000	1.114	225,000	5.710
30,000	1.228	230,000	5.825
35,000	1.342	235,000	5.940
40,000	1.456	240,000	6.055
45,000	1.570	245,000	6.170
50,000	1.685	250,000	6.285
55,000	1.800	255,000	6.400
60,000	1.915	260,000	6.515
65,000	2.030	265,000	6.630
70,000	2.145	270,000	6.745
75,000	2.260	275,000	6.860
80,000	2.375	280,000	6.975
85,000	2.490	285,000	7.090
90,000	2.605	290,000	7.205
95,000	2.720	295,000	7.320
100,000	2.835	300,000	7.435
105,000	2.950	305,000	7.550
110,000	3.065	310,000	7.665
115,000	3.180	315,000	7.780
120,000	3.295	320,000	7.895
125,000	3.410	325,000	8.010
130,000	3.525	330,000	8.125
135,000	3.640	335,000	8.240
140,000	3.755	340,000	8.355
145,000	3.870	345,000	8.470
150,000	3.985	350,000	8.585
155,000	4.100	355,000	8.700
160,000	4.215	360,000	8.815
165,000	4.330	365,000	8.930
170,000	4.445	370,000	9.045
175,000	4.560	375,000	9.160
180,000	4.675	380,000	9.275
185,000	4.790	385,000	9.390
190,000	4.905	390,000	9.505
<b>Each Additional \$5,000</b>			<b>0.115</b>

**THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)**

**FIRE CLASSIFICATION TABLE**

**Territory Assignments**

Regular: All Territories

**b. KEY FACTOR TABLE**

**301. BASE PREMIUM COMPUTATION  
CLASSIFICATION AND KEY FACTOR TABLES**

**A.1 FORM 663**

**a. CLASSIFICATION TABLES**

**(1) NUMBER OF FAMILIES**

One	Two	Three	Four	Five
1.000	1.100	1.601	1.601	n/a

**(2) SEASONAL FACTORS**

Seasonal	1.20
Non-Seasonal	1.00

**(3) PROTECTION-CONSTRUCTION FACTORS**

Protection Class	Protection Code	Construction Masonry	Construction Frame
1	1	1.000	1.160
2	2	1.000	1.160
3	3	1.000	1.194
4	4	1.060	1.198
5	5	1.208	1.341
6	6	1.341	1.610
7	7	1.894	1.713
8	8	2.174	2.146
9	9	2.447	3.098
10	10	3.354	4.061

Cov A		Cov A	
Amount	Factor	Amount	Factor
<b>Each Reduction of \$1,000</b>			<b>0.010</b>
\$ 15,000	0.818	\$ 195,000	3.810
16,000	0.855	200,000	3.890
17,000	0.891	205,000	3.970
18,000	0.927	210,000	4.050
19,000	0.964	215,000	4.130
20,000	1.000	220,000	4.210
25,000	1.082	225,000	4.290
30,000	1.163	230,000	4.370
35,000	1.245	235,000	4.450
40,000	1.327	240,000	4.530
45,000	1.408	245,000	4.610
50,000	1.550	250,000	4.690
55,000	1.633	255,000	4.770
60,000	1.716	260,000	4.850
65,000	1.799	265,000	4.930
70,000	1.882	270,000	5.010
75,000	1.966	275,000	5.090
80,000	2.049	280,000	5.170
85,000	2.132	285,000	5.250
90,000	2.215	290,000	5.330
95,000	2.298	295,000	5.410
100,000	2.347	300,000	5.490
105,000	2.429	305,000	5.570
110,000	2.511	310,000	5.650
115,000	2.593	315,000	5.730
120,000	2.675	320,000	5.810
125,000	2.757	325,000	5.890
130,000	2.839	330,000	5.970
135,000	2.921	335,000	6.050
140,000	3.003	340,000	6.130
145,000	3.085	345,000	6.210
150,000	3.167	350,000	6.290
155,000	3.170	355,000	6.370
160,000	3.250	360,000	6.450
165,000	3.330	365,000	6.530
170,000	3.410	370,000	6.610
175,000	3.490	375,000	6.690
180,000	3.570	380,000	6.770
185,000	3.650	385,000	6.850
190,000	3.730	390,000	6.930
<b>Each Additional \$5,000</b>			<b>0.080</b>

**THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)**

**OTHER ALLIED LINES CLASSIFICATION TABLE**

**Territory Assignments**

Regular: All Territories

**b. KEY FACTOR TABLE**

**301. BASE PREMIUM COMPUTATION  
CLASSIFICATION AND KEY FACTOR TABLES**

**A.1 FORM 663**

**a. CLASSIFICATION TABLES**

**(1) NUMBER OF FAMILIES**

One	Two	Three	Four	Five
1.000	1.100	1.601	1.601	n/a

**(2) SEASONAL FACTORS**

Seasonal	1.20
Non-Seasonal	1.00

**(3) BROAD FORM AND SPECIAL COVERAGE**

Broad Form	1.15
Special Coverage	1.50

**(4) PROTECTION-CONSTRUCTION FACTORS**

Protection Class	Protection Code	Construction	
		Masonry	Frame
1	1	1.000	1.160
2	2	1.000	1.160
3	3	1.000	1.194
4	4	1.060	1.198
5	5	1.208	1.341
6	6	1.341	1.610
7	7	1.894	1.713
8	8	2.174	2.146
9	9	2.447	3.098
10	10	3.354	4.061

Cov A		Cov A	
Amount	Factor	Amount	Factor
<b>Each Reduction of \$1,000</b>			
\$ 15,000	0.885	\$ 195,000	5.020
16,000	0.908	200,000	5.135
17,000	0.931	205,000	5.250
18,000	0.953	210,000	5.365
19,000	0.976	215,000	5.480
20,000	1.000	220,000	5.595
25,000	1.114	225,000	5.710
30,000	1.228	230,000	5.825
35,000	1.342	235,000	5.940
40,000	1.456	240,000	6.055
45,000	1.570	245,000	6.170
50,000	1.685	250,000	6.285
55,000	1.800	255,000	6.400
60,000	1.915	260,000	6.515
65,000	2.030	265,000	6.630
70,000	2.145	270,000	6.745
75,000	2.260	275,000	6.860
80,000	2.375	280,000	6.975
85,000	2.490	285,000	7.090
90,000	2.605	290,000	7.205
95,000	2.720	295,000	7.320
100,000	2.835	300,000	7.435
105,000	2.950	305,000	7.550
110,000	3.065	310,000	7.665
115,000	3.180	315,000	7.780
120,000	3.295	320,000	7.895
125,000	3.410	325,000	8.010
130,000	3.525	330,000	8.125
135,000	3.640	335,000	8.240
140,000	3.755	340,000	8.355
145,000	3.870	345,000	8.470
150,000	3.985	350,000	8.585
155,000	4.100	355,000	8.700
160,000	4.215	360,000	8.815
165,000	4.330	365,000	8.930
170,000	4.445	370,000	9.045
175,000	4.560	375,000	9.160
180,000	4.675	380,000	9.275
185,000	4.790	385,000	9.390
190,000	4.905	390,000	9.505
<b>Each Additional \$5,000</b>			<b>0.115</b>

**THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT ((Regular))**

**FIRE CLASSIFICATION TABLE**

**Territory Assignments**

Regular: All Territories

**b. KEY FACTOR TABLE**

						Cov C		Cov C	
						Amount	Factor	Amount	Factor
<b>301. BASE PREMIUM COMPUTATION</b>									
<b>CLASSIFICATION AND KEY FACTOR TABLES</b>						\$ 2,000	0.480	\$ 55,000	7.370
<b>A.1 FORMS 662, 664 and 665</b>						3,000	0.610	60,000	8.020
<b>a. CLASSIFICATION TABLES</b>						4,000	0.740	65,000	8.670
<b>(1) NUMBER OF FAMILIES</b>						5,000	0.870	70,000	9.320
Form	One	Two	Three	Four	Five	6,000	1.000	75,000	9.970
						7,000	1.130	80,000	10.620
662	1.000	1.000	1.301	1.301	1.950	8,000	1.260	85,000	11.270
664	1.000	1.000	1.301	1.301	1.950	9,000	1.390	90,000	11.920
665	1.000	1.000	1.301	1.301	1.950	10,000	1.520	95,000	12.570
						11,000	1.650	100,000	13.220
<b>(2) SEASONAL FACTORS</b>						12,000	1.780	105,000	13.870
Seasonal			1.20			13,000	1.910	110,000	14.520
Non-Seasonal			1.00			14,000	2.040	115,000	15.170
						15,000	2.170	120,000	15.820
<b>(3) PROTECTION-CONSTRUCTION FACTORS</b>						16,000	2.300	125,000	16.470
Protection	Protection	Construction				17,000	2.430	130,000	17.120
Class	Code	Masonry	Frame			18,000	2.560	135,000	17.770
1	1	1.000	1.051			19,000	2.690	140,000	18.420
2	2	1.000	1.051			20,000	2.820	145,000	19.070
3	3	1.000	1.051			21,000	2.950	150,000	19.720
4	4	1.227	1.179			22,000	3.080	155,000	20.370
5	5	1.268	1.236			23,000	3.210	160,000	21.020
6	6	1.418	1.659			24,000	3.340	165,000	21.670
7	7	1.716	2.028			25,000	3.470	170,000	22.320
8	8	1.808	2.329			30,000	4.120	175,000	22.970
9	9	2.153	3.028			35,000	4.770	180,000	23.620
10	10	2.693	3.716			40,000	5.420	185,000	24.270
						45,000	6.070	190,000	24.920
						50,000	6.720	195,000	25.570
						<b>Each Additional \$1,000</b>			<b>0.130</b>

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

OTHER ALLIED LINES CLASSIFICATION TABLE

Territory Assignments

Regular: All Territories

b. KEY FACTOR TABLE

						Cov C		Cov C			
						Amount	Factor	Amount	Factor		
<b>301. BASE PREMIUM COMPUTATION</b>											
<b>CLASSIFICATION AND KEY FACTOR TABLES</b>						\$	2,000	0.330	\$	55,000	9.270
<b>A.1 FORMS 662, 664 and 665</b>							3,000	0.500		60,000	10.120
							4,000	0.670		65,000	10.970
							5,000	0.830		70,000	11.820
<b>a. CLASSIFICATION TABLES</b>							6,000	1.000		75,000	12.670
<b>(1) NUMBER OF UNITS</b>							7,000	1.170		80,000	13.520
Form	One	Two	Three	Four	Five	8,000	1.340		85,000	14.370	
662	1.000	1.000	1.301	1.301	1.950	9,000	1.500		90,000	15.220	
664	1.000	1.000	1.301	1.301	1.950	10,000	1.670		95,000	16.070	
665	1.000	1.000	1.301	1.301	1.950	11,000	1.840		100,000	16.920	
							12,000	2.000		105,000	17.770
<b>(2) SEASONAL FACTORS</b>							13,000	2.170		110,000	18.620
Seasonal			1.20			14,000	2.330		115,000	19.470	
Non-Seasonal			1.00			15,000	2.500		120,000	20.320	
							16,000	2.670		125,000	21.170
<b>(3) BROAD FORM AND SPECIAL COVERAGE</b>							17,000	2.840		130,000	22.020
Form	Broad Form		Special Coverage			18,000	3.000		135,000	22.870	
662	1.15		1.50			19,000	3.170		140,000	23.720	
664	1.15		1.50			20,000	3.340		145,000	24.570	
665	1.15		n/a			21,000	3.510		150,000	25.420	
							22,000	3.670		155,000	26.270
<b>(4) PROTECTION-CONSTRUCTION FACTORS</b>							23,000	3.840		160,000	27.120
Protection	Protection	Construction				24,000	4.000		165,000	27.970	
Class	Code	Masonry	Frame			25,000	4.170		170,000	28.820	
1	1	1.000	1.051			30,000	5.020		175,000	29.670	
2	2	1.000	1.051			35,000	5.870		180,000	30.520	
3	3	1.000	1.051			40,000	6.720		185,000	31.370	
4	4	1.227	1.179			45,000	7.570		190,000	32.220	
5	5	1.268	1.236			50,000	8.420		195,000	33.070	
6	6	1.418	1.659			<b>Each Additional \$1,000</b>				<b>0.170</b>	
7	7	1.716	2.028								
8	8	1.808	2.329								
9	9	2.153	3.028								
10	10	2.693	3.716								

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-661**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>98</b>
<b>31</b>	<b>133</b>
<b>32</b>	<b>101</b>
<b>33</b>	<b>131</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-661**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>39</b>
<b>31</b>	<b>50</b>
<b>32</b>	<b>40</b>
<b>33</b>	<b>49</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-662**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>32</b>
<b>31</b>	<b>33</b>
<b>32</b>	<b>33</b>
<b>33</b>	<b>37</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-662**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>14</b>
<b>31</b>	<b>14</b>
<b>32</b>	<b>14</b>
<b>33</b>	<b>15</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-663**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>151</b>
<b>31</b>	<b>155</b>
<b>32</b>	<b>155</b>
<b>33</b>	<b>168</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-663**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>58</b>
<b>31</b>	<b>59</b>
<b>32</b>	<b>59</b>
<b>33</b>	<b>64</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-664**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>36</b>
<b>31</b>	<b>40</b>
<b>32</b>	<b>44</b>
<b>33</b>	<b>39</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-664**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>15</b>
<b>31</b>	<b>16</b>
<b>32</b>	<b>17</b>
<b>33</b>	<b>16</b>

## THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT (Regular)

**FIRE BASE CLASS PREMIUM TABLE: FORM HS-665**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>32</b>
<b>31</b>	<b>33</b>
<b>32</b>	<b>33</b>
<b>33</b>	<b>37</b>

**OTHER ALLIED LINES BASE CLASS PREMIUM TABLE: FORM HS-665**

<b>Territory</b>	<b>Regular</b>
<b>30</b>	<b>14</b>
<b>31</b>	<b>14</b>
<b>32</b>	<b>14</b>
<b>33</b>	<b>15</b>

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
 First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
 Connecticut, ...  
 Company Tracking Number: 2010-05-0047  
 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
 Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Form RF-2 Loss Costs Only (not for workers' compensation) <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Bypassed - Item:</b> H-1 Homeowners Abstract <b>Bypass Reason:</b> N/A - not a homeowners filing <b>Comments:</b>	Filed	07/23/2010
<b>Bypassed - Item:</b> HPCS-Homeowners Premium Comparison Survey <b>Bypass Reason:</b> N/A not a homeowners filing <b>Comments:</b>	Filed	07/23/2010
<b>Satisfied - Item:</b> NAIC loss cost data entry document <b>Comments:</b> Attached are the revised RF-1 forms effective 07-22-2010 <b>Attachments:</b> AR AAI RF-1-HS revised 05282010.pdf AR TIA RF-1-HS revised 05282010.pdf AR AAI RF-1-HS revised 07222010.pdf AR TIA RF-1-HS revised 07222010.pdf	Filed	07/23/2010

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Filing Package <b>Comments:</b> <b>Attachment:</b> AR Homesaver Filing Package 2.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Objection response 1 <b>Comments:</b> <b>Attachment:</b> AR HSVR objection #1.pdf	Filed	07/23/2010

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Objection response 2 <b>Comments:</b> <b>Attachments:</b> AR HSVR objection #2 response.pdf Exhibit 2.pdf	Filed	07/23/2010

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Objection response 3 <b>Comments:</b> Please see the attached documents that contain the required (and requested) countrywide data. Thank you. <b>Attachments:</b> AR HSVR objection #3_Response.pdf Ex2_CW as complement to credibility.pdf Ex11_CW Experience.pdf Exhibit 7a.pdf Exhibit 7b.pdf	Filed	07/23/2010

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2010-05-0047  
TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
Product Name: Homesaver  
Project Name/Number: /

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Revised Filing Package	Filed	<b>Date:</b> 07/23/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR Homesaver Filing Package revised 7-22-2010.pdf		

**FORM RF-1 Rate Filing Abstract 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	

		Company Name		Company NAIC Number
3.	A.	The Automobile Insurance Company of Hartford, Connecticut	B.	3548-19062

		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.	Property	B.	Personal Property

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
Homesaver Forms	24.93%	13.04%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	13.04%					

6. 5 Year History			Rate Change History					7.	
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2009	2,445	16.1%	7/31/2009	1,690	658	38.9%	34.0%	A. Total Production Expense	16.1%
2008	2,076	5.3%	6/13/2008	1,322	839	63.5%	35.7%	B. General Expense & Other Acquisition	10.2%
2007	1,773	0%	N/A	1,052	467	44.4%	36.9%	C. Taxes, License & Fees	3.1%
2006	1,611	0%	N/A	887	388	43.7%	34.2%	D. Underwriting Profit & Contingencies	11.8%
2005	1,433	0%	N/A	752	378	50.3%	35.0%	E. Other (explain)	
								F. TOTAL	41.1%

\* Based on Earned Exposure counts

8.	N/A	Apply Loss Cost Factors to Future Filings? (Y or N)	
9.	19.91%	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):	33
10.	N/A	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):	N/A

**FORM RF-1 Rate Filing Abstract 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	

		Company Name		Company NAIC Number
3.	A.	The Travelers Indemnity Company of America	B.	3548-25666

		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.	Property	B.	Personal Property

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
Homesaver Forms	24.93%	12.09%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	12.09%					

6. 5 Year History			Rate Change History					7.	
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2009	42	17.2%	7/31/2009	31	0	0.0%	34.0%	A. Total Production Expense	16.1%
2008	24	0.0%	6/13/2008	17	0	0.0%	35.7%	B. General Expense	
2007	15	0%	N/A	12	0	0.0%	36.9%	& Other Acquisition	10.2%
2006	8	0%	N/A	6	0	0.0%	34.2%	C. Taxes, License & Fees	3.1%
2005	5	0%	N/A	5	0	0.0%	35.0%	D. Underwriting Profit & Contingencies	11.8%
								E. Other (explain)	
								F. TOTAL	41.1%

\* Based on Earned Exposure counts

8.	N/A	Apply Loss Cost Factors to Future Filings? (Y or N)	
9.	18.84%	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):	32
10.	N/A	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):	N/A

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # 2010-05-0047

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	The Automobile Insurance Company of Hartford, Connecticut	B.	3548-19062

		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.	Property	B.	Personal Property

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
Homesaver Forms	24.93%	9.97%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	9.96%					

6. 5 Year History			Rate Change History					7.		
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants		Selected Provisions
2009	2,445	16.1%	7/31/2009	1,690	658	38.9%	34.0%	A. Total Production Expense		16.1%
2008	2,076	5.3%	6/13/2008	1,322	839	63.5%	35.7%	B. General Expense & Other Acquisition		10.2%
2007	1,773	0%	N/A	1,052	467	44.4%	36.9%	C. Taxes, License & Fees		3.1%
2006	1,611	0%	N/A	887	388	43.7%	34.2%	D. Underwriting Profit & Contingencies		11.8%
2005	1,433	0%	N/A	752	378	50.3%	35.0%	E. Other (explain)		
								F. TOTAL		41.1%

\* Based on Earned Exposure counts

8. N/A Apply Loss Cost Factors to Future Filings? (Y or N)

9. 15.90% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 31

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # 2010-05-0047

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	The Travelers Indemnity Company of America	B.	3548-25666

		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.	Property	B.	Personal Property

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
Homesaver Forms	24.93%	9.04%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	9.96%					

6. 5 Year History		Rate Change History						7.		
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants		Selected Provisions
2009	42	17.2%	7/31/2009	31	0	0.0%	34.0%	A. Total Production Expense		16.1%
2008	24	0.0%	6/13/2008	17	0	0.0%	35.7%	B. General Expense & Other Acquisition		10.2%
2007	15	0%	N/A	12	0	0.0%	36.9%	C. Taxes, License & Fees		3.1%
2006	8	0%	N/A	6	0	0.0%	34.2%	D. Underwriting Profit & Contingencies		11.8%
2005	5	0%	N/A	5	0	0.0%	35.0%	E. Other (explain)		
								F. TOTAL		41.1%

\* Based on Earned Exposure counts

8.     N/A     Apply Loss Cost Factors to Future Filings? (Y or N)

9.   15.58%   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):           32          

10.     N/A     Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):           N/A

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

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ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Explanatory Memorandum

This filing is being submitted with revisions to the Arkansas Homesaver program. We are proposing an overall rate level change of 13.02% for the Arkansas Homesaver program. This change applies to policies issued and effective on or after 08/06/2010.

Proposed Change	All Forms Combined
Territory Base Rates	8.97%
Coverage A Curve Factors	0.87%
Deductible Factors	1.94%
Rule 601	0.37%
Rule 701	0.77%
New Home Premium Credit	-0.19%
Total Rate Impact	13.02%

Indicated statewide rate level changes have been developed utilizing our normal rate making procedures using the latest available Travelers Homesaver experience in Arkansas, fiscal accident years 2005 through fourth quarter 2009.

Note: Homeowners data was used in the derivation of:

- Catastrophe Losses
- Investment Income
- Loss Trend

Changes being proposed in the filing include adjustments to:

- Territory Base Rates
- Coverage A Curve Factors
- Deductible Factors
- Rule 601 Rates
- Rule 701 Factors
- New Home Premium Credit

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Statewide Indication

All Price Tracks Combined

<u>Policy Forms</u>	Year Ending 12/31/2009 <u>EPCR</u>	Indicated Rate Level <u>Change</u>
All Forms Combined	1,980,490	24.93%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAIndication  
All Forms Combined

All Price Tracks Combined

AY Ending 12/31	Earned House Years (1)	Trended EPCR (2)	Ultimate Trended L & LAE (3)	Incurred Claim Count (4)	AY Weights (5)	Rate Level Loss Ratio (6)=(3)/(2)
2005	1,439	1,149,427	923,433	47	0.20	0.803
2006	1,619	1,276,192	833,813	46	0.20	0.653
2007	1,788	1,435,430	881,391	43	0.20	0.614
2008	2,099	1,695,786	1,394,867	73	0.20	0.823
2009	2,487	1,963,864	971,030	109	0.20	0.494
(7) Weighted Rate Level Loss Ratio						0.678
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.825
(9) Total Cat. Adjusted Loss Ratio = (8)						0.825
(10) Permissible Loss Ratio						0.589
(11) Indicated Rate Level Change = (9)/(10)-1						40.13%
(12) State Credibility						0.500
(13) Prospective Trend						0.097
(14) Credibility Weighted Indicated Rate Level change						24.93%
(15) Proposed Premium Level Change						13.02%

## ARKANSAS HOMESAVER

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## Development of Permissible Loss Ratio

Commissions	16.1%
General & Other Acquisition	10.2%
Taxes, Licenses & Fees	3.1%
Profit Provision	11.8%
Subtotal	41.1%
Permissible Loss Ratio	58.9%
Total	100.0%

## ARKANSAS HOMESAVER

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## Credibility Table

Claims Count	Credibility
0	0.00
3	0.05
11	0.10
43	0.20
97	0.30
173	0.40
271	0.50
390	0.60
530	0.70
692	0.80
876	0.90
1,082	1.00





## ARKANSAS HOMESAVER

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## Unallocated Loss Adjustment Expense

Calendar Year	ULAE	Incurred Losses & ALAE	Ratio
2006	\$7,215,286	\$51,809,652	0.139
2007	\$8,902,785	\$80,404,763	0.111
2008	\$6,682,849	\$72,784,339	0.092
Mean			0.114
Selected			0.114

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Frequency Trend  
Exponential Fit

Calendar Year <u>Ending</u>	Travelers Statewide				Calendar Year <u>Ending</u>	Industry Fastrack Statewide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	5.35	7.13			12/31/2004	5.05	4.80		
06/30/2005	5.24	7.04			03/31/2005	5.00	4.84		
09/30/2005	4.51	6.94			06/30/2005	4.98	4.88		
12/31/2005	5.64	6.85			09/30/2005	4.91	4.91		
03/31/2006	7.02	6.76			12/31/2005	4.91	4.95		
06/30/2006	7.59	6.67			03/31/2006	4.98	4.99		
09/30/2006	8.43	6.58			06/30/2006	5.15	5.03		
12/31/2006	8.20	6.49			09/30/2006	5.20	5.07		
03/31/2007	8.90	6.40	9.77		12/31/2006	5.09	5.11	4.75	
06/30/2007	7.77	6.32	9.00		03/31/2007	5.15	5.15	4.84	
09/30/2007	6.58	6.23	8.29		06/30/2007	4.92	5.19	4.93	
12/31/2007	6.93	6.15	7.64		09/30/2007	4.80	5.23	5.03	
03/31/2008	5.92	6.07	7.04		12/31/2007	4.82	5.27	5.12	
06/30/2008	9.04	5.99	6.49		03/31/2008	4.84	5.31	5.22	
09/30/2008	10.06	5.91	5.98	10.66	06/30/2008	5.17	5.35	5.32	5.20
12/31/2008	9.79	5.83	5.51	8.01	09/30/2008	5.45	5.39	5.42	5.37
03/31/2009	7.17	5.75	5.08	6.02	12/31/2008	5.49	5.44	5.52	5.54
06/30/2009	2.85	5.67	4.68	4.53	03/31/2009	5.76	5.48	5.62	5.72
09/30/2009	3.06	5.59	4.31	3.40	06/30/2009	5.76	5.52	5.73	5.90
12/31/2009	3.30	5.52	3.97	2.56	09/30/2009	6.17	5.56	5.84	6.08
Annual Rate of Change		-5.3%	-27.9%	-68.1%			3.1%	7.8%	13.4%
Coefficient of Determination (R <sup>2</sup> )		4.5%	41.4%	79.6%			45.0%	66.9%	93.6%
Selected Annual Rate of Change				3.1%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience <u>Period</u>	Midpoint of Experience Period	Prospective Trend Period <u>(months)</u>	From to	Frequency Factor <u>Midpoint 08/06/2011</u>
12/31/2005	06/30/2005	73.3		1.205
12/31/2006	06/30/2006	61.3		1.169
12/31/2007	06/30/2007	49.3		1.134
12/31/2008	06/30/2008	37.2		1.099
12/31/2009	06/30/2009	25.2		1.066

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Severity Trend  
Exponential Fit

Calendar Year Ending	Travelers Statewide				Calendar Year Ending	Industry Fastrack Statewide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	7,849.28	11,901.99			12/31/2004	4,732.97	4,867.74		
06/30/2005	5,887.36	11,165.93			03/31/2005	5,011.76	4,988.93		
09/30/2005	7,542.17	10,475.39			06/30/2005	5,102.69	5,113.14		
12/31/2005	8,116.92	9,827.56			09/30/2005	5,258.94	5,240.43		
03/31/2006	6,662.15	9,219.78			12/31/2005	5,575.37	5,370.90		
06/30/2006	5,866.59	8,649.60			03/31/2006	5,636.96	5,504.61		
09/30/2006	12,639.80	8,114.68			06/30/2006	5,751.23	5,641.65		
12/31/2006	14,320.63	7,612.84			09/30/2006	5,747.80	5,782.11		
03/31/2007	13,959.46	7,142.03	16013.36		12/31/2006	5,900.57	5,926.06	5820.45	
06/30/2007	15,603.36	6,700.35	13212.69		03/31/2007	5,996.10	6,073.59	5980.14	
09/30/2007	7,858.54	6,285.97	10901.84		06/30/2007	6,160.90	6,224.80	6144.21	
12/31/2007	4,628.91	5,897.23	8995.15		09/30/2007	6,471.88	6,379.77	6312.79	
03/31/2008	4,756.64	5,532.52	7421.93		12/31/2007	6,460.42	6,538.60	6485.99	
06/30/2008	8,740.72	5,190.37	6123.86		03/31/2008	6,507.32	6,701.38	6663.94	
09/30/2008	7,904.75	4,869.38	5052.82	15146.78	06/30/2008	6,678.67	6,868.22	6846.78	6645.75
12/31/2008	9,500.42	4,568.24	4169.10	8641.03	09/30/2008	6,788.49	7,039.21	7034.63	6902.51
03/31/2009	10,807.03	4,285.73	3439.94	4929.59	12/31/2008	7,293.48	7,214.46	7227.63	7169.18
06/30/2009	2,526.42	4,020.68	2838.31	2812.27	03/31/2009	7,399.37	7,394.07	7425.93	7446.15
09/30/2009	3,335.57	3,772.03	2341.90	1604.36	06/30/2009	7,756.74	7,578.15	7629.67	7733.83
12/31/2009	389.57	3,538.75	1932.31	915.27	09/30/2009	8,015.53	7,766.81	7839.00	8032.62
Annual Rate of Change		-22.5%	-53.7%	-89.4%			10.3%	11.4%	16.4%
Coefficient of Determination (R <sup>2</sup> )		21.5%	47.6%	70.3%			97.9%	96.2%	97.5%
Selected Annual Rate of Change				10.3%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience Period	Midpoint of Experience Period	Prospective Trend Period (months)	From to	Severity Factor Midpoint 08/06/2011	Frequency x Severity Factor
12/31/2005	06/30/2005	73.3		1.820	2.193
12/31/2006	06/30/2006	61.3		1.650	1.928
12/31/2007	06/30/2007	49.3		1.496	1.696
12/31/2008	06/30/2008	37.2		1.355	1.490
12/31/2009	06/30/2009	25.2		1.229	1.310

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAAverage Premium Trend  
All Policy Forms

## All Price Tracks Combined

Experience Period Ending:	Average Premium	Fitted Average Premium (Straight Line)
12/31/2005	642.87	641.69
12/31/2006	674.24	682.32
12/31/2007	727.77	722.96
12/31/2008	773.49	763.59
12/31/2009	796.43	804.23
(1) Average Historical Annual Increment of Change:		40.64
(2) Average Annual Increment of Change Tempered 0.75:		30.48
(3) Selected Annual Increment of Change:		30.48
Current Annual Rate =	3.8%	
(4) Average Earned Date Underlying Proposed Rates: (Effective Date = 08/06/2010)		08/06/2011
(5) Prospective Trend Period (months) (Midpoint of Experience Period to Average Earned Date)		25.2
(6) Increment to Bring 12/31/2009 Average Premium to 08/06/2011: [(3) * [(5) / 12]]		63.91
(7) Projected Average Premium at 08/06/2011:		868.14

## CALCULATION OF PREMIUM TREND FACTORS

Experience Period Ending:	Midpoint of Experience Period	Fitted Average Premium	Premium Trend Factors
12/31/2005	06/30/2005	641.69	1.243
12/31/2006	06/30/2006	682.32	1.169
12/31/2007	06/30/2007	722.96	1.103
12/31/2008	06/30/2008	763.59	1.044
12/31/2009	06/30/2009	804.23	0.992

## ARKANSAS HOMESAVER

### Catastrophe Losses

#### Explanation of Catastrophe Losses

In an effort to avoid sharp fluctuations in our rate level adjustments and maintain a degree of stability, we have given catastrophe losses a special treatment in the ratemaking process.

#### Non-Hurricane Catastrophe Losses:

The industry defines a catastrophe as an occurrence such as a hailstorm, windstorm, tornado, hurricane, etc., which results in property losses of \$25,000,000 or more.<sup>1</sup> Each catastrophe is accorded a serial number by the Insurance Services Office for identification purposes. This identification makes it possible for each insurance company to summarize the losses due to these types of occurrences in a particular year. One of our underlying assumptions in ratemaking is that past loss experience can be utilized as an indication of the future loss experience. While this is a reasonable assumption for regular property losses, we believe catastrophe losses are extraordinary events that will probably not re-occur with the same degree of frequency as regular losses. Therefore, we give such catastrophe losses special treatment.

We first eliminate all catastrophe losses from the five-year experience period leaving only non-cat losses in the experience. We develop the five-year indicated non-cat loss ratio by considering only these losses. To this non-cat loss ratio, the Catastrophe Loss Factor is applied to produce the indicated loss ratio including catastrophes.

Since catastrophes are rare events, it is necessary that the computation of the catastrophe loading be based upon a long period of experience. In determining the Catastrophe Loss Factor, we have utilized all of the Homeowners experience from 1966 - 2008. The Catastrophe Loss Factor is calculated by relating the catastrophe losses to the non-cat losses. Page 3 of this exhibit sets forth the actual calculation.

1. \$25,000,000 of property losses as the definition of catastrophe has been in effect since January 1, 1997. The previous definition of \$5,000,000 of property losses was in use from January 1, 1982 to December 31, 1996. All previous catastrophes are defined as \$1,000,000 or more of property losses.

ARKANSAS HOMESAVER

All Companies Combined

Catastrophe Losses  
Development of Weighted Catastrophe Loss Multiplier  
Dwelling, Tenant and Condominium Policy Forms

Calendar Year Ending 12/31	Total Incurred Losses (2)+(3)+(4)+(5)	Hurricane Losses (2)	Earthquake Losses (3)	Other Cat. Losses (4)	Non-Cat. Incurred Losses (5)
1966	210,715	0	0	3,913	206,802
1967	267,765	0	0	20,977	246,788
1968	281,720	0	0	101,427	180,293
1969	286,716	0	0	-404	287,120
1970	376,425	0	0	12,503	363,922
1971	415,374	0	0	24,141	391,233
1972	676,316	0	0	191,152	485,164
1973	578,880	0	0	182,109	396,771
1974	686,097	0	0	43,078	643,019
1975	1,090,266	0	0	354,884	735,382
1976	655,264	0	0	254,326	400,938
1977	628,267	0	0	12,435	615,832
1978	526,587	0	0	51,049	475,538
1979	549,086	0	0	64,241	484,845
1980	546,537	0	0	212,233	334,304
1981	867,611	0	0	95,268	772,343
1982	1,133,784	0	0	140,261	993,523
1983	1,729,237	0	0	247,317	1,481,920
1984	2,831,410	0	0	326,349	2,505,061
1985	4,459,262	0	0	134,592	4,324,670
1986	7,814,946	0	0	535,735	7,279,211
1987	6,636,713	0	0	341,826	6,294,887
1988	2,922,580	0	0	407,400	2,515,180
1989	3,399,560	0	0	1,055,941	2,343,619
1990	2,172,456	0	0	323,004	1,849,452

ARKANSAS HOMESAVER

All Companies Combined

Catastrophe Losses  
Development of Weighted Catastrophe Loss Multiplier  
Dwelling, Tenant and Condominium Policy Forms

Calendar Year Ending 12/31	Total Incurred Losses (2)+(3)+(4)+(5)	Hurricane Losses (2)	Earthquake Losses (3)	Other Cat. Losses (4)	Non-Cat. Incurred Losses (5)
1991	803,043	0	0	148,362	654,681
1992	297,724	0	0	11,533	286,191
1993	18,152	0	0	0	18,152
1994	33,681	0	0	0	33,681
1995	45,350	0	0	0	45,350
1996	16,622	0	0	3,250	13,372
1997	94,083	0	0	3,376	90,707
1998	140,013	0	0	21,130	118,883
1999	1,226,638	0	0	247,702	978,936
2000	667,848	0	0	85,139	582,709
2001	928,813	0	0	260,322	668,491
2002	1,322,681	0	0	120,703	1,201,978
2003	2,845,528	0	0	159,373	2,686,155
2004	4,007,483	0	0	301,816	3,705,667
2005	7,590,058	357,668	0	235,707	6,996,683
2006	12,961,298	127,285	0	1,737,918	11,096,095
2007	9,496,630	0	0	607,031	8,889,599
2008	29,256,103	1,756,392	0	10,830,292	16,669,419
Total	113,495,322	2,241,345	0	19,909,411	91,344,566
(6)	Ratio of Total "Other Cat." Losses to Total "Non-Cat." Losses:				0.218
(7)	Weighted Catastrophe Loss Multiplier [WCLM = 1 + (6)]:				1.218

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Estimated Investment Earnings

A.	<u>Unearned Premium Reserve</u>	<u>Homesaver</u>
	1. Direct Earned Premium	1,309,004
	2. Direct Mean Unearned Premium Reserve <i>(See Page 3)</i>	694,102
	3. Deduction for Prepaid Expenses	
	(A) Commissions	0.1610
	(B) Taxes, Licenses, and Fees	0.0306
	(C) Other Acquisition (50%)	0.0508
	(D) Total	0.2423
	4. Deduction for Federal Taxes <i>(See Page 3)</i>	15,338
	5. Deduction for Prepaid Expenses in dollars <i>(See Page 3)</i>	168,200
	6. Net Subject to Investment <i>(See Page 3)</i>	510,564
B.	<u>Delayed Remission of Premium</u>	
	1. Average Agent's Balance <i>(See Page 3)</i>	27.3%
	2. Amount of Deduction <i>(See Page 3)</i>	357,358
C.	<u>Loss + LAE Reserve</u>	
	1. Direct Earned Premium (A1)	1,309,004
	2. Permissible Incurred Loss + LAE <i>(See Page 4)</i>	
	0.5889 x (1)	770,865
	3. Expected Mean Loss + LAE Reserve <i>(See Page 4)</i>	
	0.6930 x (2)	534,216
	4. Deduction for Federal Taxes <i>(See Page 5)</i>	(4,981)
	5. Loss & Reserve Subject to Investment	539,197
D.	<u>Policyholders' Surplus</u> <i>(See Page 6)</i>	1,251,000
E.	<u>Net Subject to Investment</u> <i>(See Page 4)</i>	1,943,403
	(A6) - (B2) + (C5) + (D)	
F.	<u>Average Rate of Return</u> <i>(See Page 6)</i>	4.8%

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Estimated Investment Earnings

	<u>Homesaver</u>
G. <u>Projected Investment Earnings</u>	93,283
H. <u>Before Tax Return on Earned Premium</u>	7.1%
I. <u>Federal Income Tax Provision</u> (See Page 6)	23.9%
J. <u>After-Tax Return on Earned Premium</u>	5.4%
K. <u>After-Tax Target Return on Earned Premium</u> (See Page 6)	14.3%
L. <u>After-Tax Target Underwriting Profit (% of EP)</u>	8.9%
M. <u>Before-Tax Target Underwriting Profit (% of EP)</u> (Assuming a tax rate of 35%)	13.7%
N. <u>Selected Before-Tax Target Underwriting Profit</u>	<u>11.8%</u>

The Surplus Allocation exhibit requires a 14.3% return on earned premium from underwriting and investment activities.

Since the after-tax return on homeowners earned premium from investment income is 5.4%, the difference of 8.9% is the projected underwriting after-tax gain. Assuming a tax rate of 35%, the before-tax underwriting profit is 13.7% as a percentage of earned premium.

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Explanatory Notes of Calculation of Investment Income Adjustment Factors

A. Unearned Premium Reserve

1. Direct Earned Premium from page 14 of the annual statement for the calendar-year 2008.

2. Direct Mean Unearned Premium Reserve	<u>Homesaver</u>
a. Direct unearned premium reserve as of 12/07	584,544
b. Direct unearned premium reserve as of 12/08	803,659
c. Direct mean unearned premium reserve (a + b)/2	694,102

3. Deduction for Prepaid Expenses: Production costs and a large part of the other company expenses in connection with the writing and handling of insurance policies, exclusive of claim adjustment expense, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedures, as shown.

4. Revenue Offset: The Internal Revenue Code allows only 80% of the change in unearned premium reserve as a deduction. The limitation of the deduction is accomplished through an adjustment to statutory income whereby 20% of the unearned premium reserve change is added to statutory income for tax purposes.

a. Homeowners:  $.35 \times .20 \times (803659 - 584544) =$  15,338

5. Line (2) x (3E)

6. Net Subject to Investment (2)-(4)-(5)

B. Delayed Remission of Premium

1. Average Uncollected Balance: The ratio used is the countrywide mean premium and agents' balance in the course of collection as a percentage of earned premium. (Source: Annual Statement)

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Total</u>
Premiums & agents' balance	1,187,699,182	1,171,517,035	1,141,692,853	3,500,909,070
Premiums, agents' balances, & installments booked but deferred and not yet due	4,561,569,509	4,261,991,089	4,147,635,437	12,971,196,035
Total	5,749,268,691	5,433,508,124	5,289,328,290	16,472,105,105
Earned Premium	19,699,572,370	20,319,183,986	20,388,358,051	60,407,114,407
Ratio	29.2%	26.7%	25.9%	27.3%

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Explanatory Notes of Calculation of Investment Income Adjustment Factors

C. Loss + LAE Reserve: Determined by multiplying the expected incurred Loss + LAE by the ratio of the direct mean Loss + LAE reserve to the direct incurred Loss + LAE. This countrywide ratio is determined as follows: (See Page 6)

1. Direct Earned Premium from Page 14 of the Annual Statement.
2. Permissible Incurred Loss + LAE = Expected Loss Ratio x Line C1 by line
3. Expected Mean Loss + LAE = ((Direct Mean Loss + LAE) / Direct Incurred Loss + LAE)) x C2

	<u>Homesaver</u>
a. Direct Paid Loss + LAE for 2008	94,294,279
b. Direct Loss + LAE Reserve as of 12/07	62,484,981
c. Direct Loss + LAE Reserve as of 12/08	47,657,891
d. Direct Incurred Loss + LAE = a - b + c	79,467,188
e. Direct Mean Loss + LAE Reserve = (b + c)/2	55,071,436
f. State Reserve Ratio = e / d	0.6930

4. Deduction for Federal Taxes (See Page 5)
5. Loss Reserve Subject to Investment = C3 - C4

D. Policyholders' Surplus (See Page 6)

E. Net Subject to Investment = A6 - B2 + C5 + D

F. Average Rate of Return (See Page 6)

G. Projected Investment Earnings = E x F

H. Before-Tax Return of Earned Premium = G / A1

I. Federal Income Tax Provision (See Page 6)

J. After-Tax Return on Earned Premium = (G - (G x I)) / Direct Earned Premium

K. After-Tax Target Return on Earned Premium (See Page 6)

L. After-Tax Target Underwriting Profit = K - J

M. Before-Tax Target Underwriting Profit = L / 0.35 (Assuming a tax rate of 35%)

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Deduction for Federal Taxes Payable on Loss Reserves

Homeowner's (Countrywide)

<u>Year of Loss</u>	<u>Statutory Reserves (Undiscounted)</u>		<u>Tax Reserves (Discounted)</u>	
	<u>2007</u>	<u>2008</u>	<u>2007</u>	<u>2008</u>
1997 & Prior	3,036,611	3,360,212	2,882,326	3,226,316
1998	1,386,583	977,201	1,230,834	893,453
1999	517,765	(19,716)	446,504	(17,504)
2000	1,596,555	419,154	1,363,369	363,159
2001	2,813,249	1,144,375	2,385,984	979,376
2002	4,252,386	2,421,679	3,691,220	2,104,601
2003	7,954,199	4,762,350	6,762,183	4,176,281
2004	14,803,018	11,544,185	13,220,250	9,943,445
2005	204,496,172	129,920,273	183,329,591	116,993,596
2006	75,261,827	25,588,221	68,313,053	23,184,438
2007	373,925,948	115,980,978	349,514,566	105,079,810
2008		518,080,388		483,568,463
Total	690,044,314	814,179,300	633,139,880	750,495,434
			<u>2007</u>	<u>2008</u>
Ratio of Discounted to Statutory Reserves:			0.9175	0.9218
Arkansas Liability Loss + ALAE Reserve as of 12/07 x 1.114 =				402,168
Arkansas Liability Loss + ALAE Reserve as of 12/08 x 1.114 =				242,279
Deduction for Federal Taxes Payable =				(4,981)
.35 x [242279 - 402168 - (242279 x 0.9218) + (402168 x 0.9175)]				

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Surplus Allocation

	<u>2006</u>	<u>2007</u>	<u>2008</u>
1. Year End Property Casualty Policyholder Surplus	20,155,707,469	22,182,414,313	20,858,817,016
2. Direct Written Premium	22,042,924,685	22,151,581,773	21,807,760,458
3. Premium to Surplus Ratio	1.09	1.00	1.05
4. Three Year Average			1.05
5. Earned Premium			1,309,004
6. Allocated Equity			1,251,000
7. Target Return on Equity			15.0%
8. Return on Earned Premium			14.3%

The average rate of return is based on the three year average ratio of net investment income to invested assets.

Source: Annual Statement

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Total</u>
1. Net Investment Income Earned	3,119,291,151	3,470,191,686	3,574,998,236	10,164,481,073
2. Net Realized Capital Gains	(261,223,519)	(80,577,971)	(425,622,764)	(767,424,254)
3. Invested Assets	64,560,270,033	66,404,637,019	64,858,958,743	195,823,865,795
4. Ratio	4.4%	5.1%	4.9%	4.8%

Federal Income Tax Provision

Detailed below is the calculation of the federal income tax rate on net investment income earned for The Travelers Property Casualty Corp. for 2008

	(In Thousands)
1. Statutory net investment income	4,314,034
2. Tax exempt interest	(1,593,797)
3. 70% Dividends received deduction	(12,601)
4. 42% Dividends received deduction	(2,295)
5. 15% Proration adj. on TEI	240,751
6. Other Adjustments	0
7. Taxable net investment income (1+2+3+4+5+6)	2,946,092
8. Tax on net investment income (7 x .35)	1,031,132
9. FIT rate on NII (8 / 1)	23.9%

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
 THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

Prospective Trend  
 All Policy Forms Combined

## All Price Tracks Combined

(1)	Effective Date - Prior Filing	7/31/2009
(2)	Effective Date - Current Filing	8/6/2010
(3)	Number of Months Between Effective Dates	12.2
(4)	Annual Loss Trend	
	Frequency	3.1%
	Severity	10.3%
	Pure Premium	13.7%
(5)	Annual Premium Trend	3.8%
(6)	Annual Net Trend	9.6%
(7)	Prospective Trend	9.7%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICATrended Ultimate Losses  
All Forms Combined

## All Price Tracks Combined

Accident Year Ending 12/31	2005	2006	2007	2008	2009
(1) Earned Premium	756,527	893,153	1,064,426	1,338,844	1,721,190
(2) Earned Premium at Current Rates Factor	1.223	1.223	1.223	1.213	1.151
(3) Earned Premium at Current Rates (1) x (2)	924,879	1,091,909	1,301,296	1,623,732	1,980,490
(4) Premium Trend Factor	1.243	1.169	1.103	1.044	0.992
(5) Trended Earned Premium at Current Rates (3) x (4)	1,149,427	1,276,192	1,435,430	1,695,786	1,963,864
(6) Incurred Losses & ALAE	378,049	388,191	467,458	839,342	657,764
(7) Loss Development Factor	1.000	1.000	0.998	1.001	1.012
(8) Ultimate Losses & ALAE (6) x (7)	377,978	388,118	466,550	840,546	665,420
(9) Unallocated Factor + 1.000	1.114	1.114	1.114	1.114	1.114
(10) Ultimate Losses & LAE (8) x (9)	421,067	432,364	519,737	936,368	741,278
(11) Loss Trend Factor	2.193	1.928	1.696	1.490	1.310
(12) Trended Ultimate Losses & LAE (10) x (11)	923,433	833,813	881,391	1,394,867	971,030

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-661

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	94	37
31	124	47
32	94	37
33	122	46

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-661

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	101	40
31	138	52
32	104	41
33	135	51

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-662

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	31	13
31	31	13
32	31	13
33	34	14

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-662

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	33	14
31	34	14
32	34	14
33	38	16

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-663

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	144	55
31	144	55
32	144	55
33	156	60

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-663

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	154	59
31	160	61
32	160	61
33	173	67

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-664

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	34	14
31	37	15
32	41	16
33	36	15

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-664

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	36	15
31	41	17
32	46	18
33	40	17

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-665

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	31	13
31	31	13
32	31	13
33	34	14

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-665

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	33	14
31	34	14
32	34	14
33	38	16

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Coverage A Revision  
Fire Classification Table: Form 661  
Key Factor Table

Current Coverage A Factors

Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.490
55,000	1.570
60,000	1.650
65,000	1.730
70,000	1.810
75,000	1.890
80,000	1.970
85,000	2.050
90,000	2.130
95,000	2.210
100,000	2.290
105,000	2.370
110,000	2.450
115,000	2.530
120,000	2.610
125,000	2.690
130,000	2.770
135,000	2.850
140,000	2.930
145,000	3.010
150,000	3.090
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Coverage A Revision  
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Key Factor Table

Current Coverage A Factors

Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.550
55,000	1.633
60,000	1.716
65,000	1.799
70,000	1.882
75,000	1.966
80,000	2.049
85,000	2.132
90,000	2.215
95,000	2.298
100,000	2.347
105,000	2.429
110,000	2.511
115,000	2.593
120,000	2.675
125,000	2.757
130,000	2.839
135,000	2.921
140,000	3.003
145,000	3.085
150,000	3.167
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.490
55,000	1.570
60,000	1.650
65,000	1.730
70,000	1.810
75,000	1.890
80,000	1.970
85,000	2.050
90,000	2.130
95,000	2.210
100,000	2.290
105,000	2.370
110,000	2.450
115,000	2.530
120,000	2.610
125,000	2.690
130,000	2.770
135,000	2.850
140,000	2.930
145,000	3.010
150,000	3.090
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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Proposed Coverage A Factors

Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.550
55,000	1.633
60,000	1.716
65,000	1.799
70,000	1.882
75,000	1.966
80,000	2.049
85,000	2.132
90,000	2.215
95,000	2.298
100,000	2.347
105,000	2.429
110,000	2.511
115,000	2.593
120,000	2.675
125,000	2.757
130,000	2.839
135,000	2.921
140,000	3.003
145,000	3.085
150,000	3.167
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

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Proposed Coverage A Factors

Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Deductibles Rule Revision

Current Rule

**RULE 406.**  
**DEDUCTIBLES**

All Travelers Homesaver policies are subject to a base deductible applicable to loss from all Section I perils except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to Rule **502.** for the applicable deductible provision.

For Theft coverage, the deductible amount may differ from the deductible amount that applies to Fire and Allied Lines perils. Refer to Rule **508.** for the applicable deductible provision.

**A. Base Deductible.** The Homesaver Program provides a \$250 base deductible. Premiums shown in this Manual take this deductible into consideration.

**B. Optional \$100 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$100 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 20% and the Allied Lines BASE PREMIUM by 20%.

**C. Optional Higher Deductibles**  
**All Forms.** The Homesaver Program provides a higher deductible applicable to all perils under Section I of the policy in an amount and at a premium credit as developed in the following table. Determine the premium credit for the higher deductible by multiplying the BASE PREMIUMS by the applicable listed percentage.

Deductible	Fire	Dollar Maximum	Allied Lines	Dollar Maximum
\$500	5%	\$100	5%	\$50
\$1,000	10%	\$200	10%	\$60
\$2,500	12%	\$300	12%	\$70
\$5,000	14%	\$400	14%	\$80

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Deductibles Rule Revision

Proposed Rule

**RULE 406.**  
**DEDUCTIBLES**

All Travelers Homesaver policies are subject to a base deductible applicable to loss from all Section I perils except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to Rule **502**. for the applicable deductible provision.

For Theft coverage, the deductible amount may differ from the deductible amount that applies to Fire and Allied Lines perils. Refer to Rule **508**. for the applicable deductible provision.

**A. Base Deductible.** The Homesaver Program provides a \$500 base deductible. Premiums shown in this Manual take this deductible into consideration.

**B. Optional \$100 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$100 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 26.3% and the Allied Lines BASE PREMIUM by 26.3%.

**C. Optional \$250 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$250 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 5.3% and the Allied Lines BASE PREMIUM by 5.3%.

**D. Optional Higher Deductibles**  
**All Forms.** The Homesaver Program provides a higher deductible applicable to all perils under Section I of the policy in an amount and at a premium credit as developed in the following table. Determine the premium credit for the higher deductible by multiplying the BASE PREMIUMS by the applicable listed percentage.

Deductible	Fire	Dollar Maximum	Allied Lines	Dollar Maximum
\$1,000	10%	\$200	10%	\$60
\$2,500	12%	\$300	12%	\$70
\$5,000	14%	\$400	14%	\$80

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Premium Credits for New Homes Rule Revision

Current Rule

**413. PREMIUM CREDITS FOR NEW HOMES**

- A. The Credits listed below are applicable to Homeowners **FORMS HS 661** and **HS 663** only for dwelling meeting **ALL** of the following criteria:
1. The dwelling is not more than seven years old.
  2. The dwelling is a 1 or 2 family structure (Three or four family dwellings do not qualify.)
  3. One of the following endorsements must apply
    - a. **HS 00 02** BROAD PERILS COVERAGE;
    - b. **HS 00 03** SPECIAL COVERAGE; or
    - c. **HS 05 31** MODIFIED LOSS SETTLEMENT
- B. To determine the Premium Credit, multiply the Fire and Allied Lines BASE PREMIUM by the applicable credit shown below.

**NEW HOME CREDITS**

<b>Age of Dwelling</b>	<b>Percent Credit</b>
1 year or less	14%
2 years old	12%
3 years old	10%
4 years old	8%
5 years old	6%
6 years old	4%
7 years old	2%
8 years or older	0%

For the purposes of this credit, the age of the home is calculated by using the following formula:

$$\text{Year of the Policy Effective Date} - \text{Year Built} + 1 = \text{Age of Home}$$

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Premium Credits for New Homes Rule Revision

Proposed Rule

**413. PREMIUM CREDITS FOR NEW HOMES**

- A. The Credits listed below are applicable to Homeowners **FORMS HS 661** and **HS 663** only for dwelling meeting **ALL** of the following criteria:
1. The dwelling is not more than seven years old.
  2. The dwelling is a 1 or 2 family structure (Three or four family dwellings do not qualify.)
  3. One of the following endorsements must apply
    - a. **HS 00 02** BROAD PERILS COVERAGE;
    - b. **HS 00 03** SPECIAL COVERAGE; or
    - c. **HS 05 31** MODIFIED LOSS SETTLEMENT
- B. To determine the Premium Credit, multiply the Fire and Allied Lines BASE PREMIUM by the applicable credit shown below.

**NEW HOME CREDITS**

<b>Age of Dwelling</b>	<b>Percent Credit</b>
1 year or less	16%
2 years old	14%
3 years old	12%
4 years old	10%
5 years old	8%
6 years old	6%
7 years old	4%
8 years or older	0%

For the purposes of this credit, the age of the home is calculated by using the following formula:

$$\text{Year of the Policy Effective Date} - \text{Year Built} + 1 = \text{Age of Home}$$

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**RULE 601.**  
**RESIDENCE PREMISES - BASIC AND INCREASED LIMITS/OTHER EXPOSURES - BASIC LIMITS**

**A. Residence Premises**

1. Coverages E and F under Section II of a Homesaver Policy are available only in conjunction with Section I coverages. They are optional, but Coverage F is available only in conjunction with Coverage E.
2. When the premises is owner-occupied or the policy is issued to an Apartment Renter, Coverage E and F provide Personal Liability and Medical Payments To Others coverage. When the premises is nonowner-occupied, Coverages E and F provide Premises Liability
3. Minimum limits of liability for Coverages E and F are shown in Rule 101. The premium for these limits is NOT included in the BASE PREMIUM. Refer to the tables below for basic and increased limits rates.
4. If increased limits are written, then the same limits must apply to any Other Exposures covered under the policy unless otherwise stated.

**Residence Premises, Forms HS 661,**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41
2	\$100,000	\$35	\$38	\$42
	\$200,000	\$41	\$44	\$48
	\$300,000	\$46	\$49	\$53
	\$500,000	\$51	\$54	\$58
3	\$100,000	\$57	\$60	\$64
	\$200,000	\$66	\$69	\$73
	\$300,000	\$75	\$78	\$82
	\$500,000	\$83	\$86	\$90
4	\$100,000	\$58	\$61	\$65
	\$200,000	\$67	\$70	\$74
	\$300,000	\$76	\$79	\$83
	\$500,000	\$84	\$87	\$91

**Residence Premises, Forms HS 662**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**Residence Premises, Forms HS 663:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$10	\$13	\$17
	\$200,000	\$12	\$15	\$19
	\$300,000	\$13	\$16	\$20
	\$500,000	\$15	\$18	\$22
2	\$100,000	\$16	\$19	\$23
	\$200,000	\$19	\$22	\$26
	\$300,000	\$21	\$24	\$28
	\$500,000	\$23	\$26	\$30
3	\$100,000	\$28	\$31	\$35
	\$200,000	\$32	\$35	\$39
	\$300,000	\$36	\$39	\$43
	\$500,000	\$40	\$43	\$47
4	\$100,000	\$30	\$33	\$37
	\$200,000	\$35	\$38	\$42
	\$300,000	\$39	\$42	\$46
	\$500,000	\$43	\$50	\$50

**Residence Premises, Forms HS 664:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$10	\$13	\$17
	\$200,000	\$12	\$15	\$19
	\$300,000	\$13	\$16	\$20
	\$500,000	\$15	\$18	\$22

**Residence Premises, Forms HS 665:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**B. Other Exposures**

1. There is an additional charge for Other Exposures listed in the following rules.
2. The minimum limits for Other Exposures are the same as the limits for the Residence Premises unless otherwise indicated.
3. For increased limits for Other Exposures, see rates below.
4. If increased limits are written, the same limits must apply to the Residence Premises unless otherwise stated.

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**RULE 601.**  
**RESIDENCE PREMISES - BASIC AND INCREASED LIMITS/OTHER EXPOSURES - BASIC LIMITS**

**A. Residence Premises**

1. Coverages E and F under Section II of a Homesaver Policy are available only in conjunction with Section I coverages. They are optional, but Coverage F is available only in conjunction with Coverage E.
2. When the premises is owner-occupied or the policy is issued to an Apartment Renter, Coverage E and F provide Personal Liability and Medical Payments To Others coverage. When the premises is nonowner-occupied, Coverages E and F provide Premises Liability
3. Minimum limits of liability for Coverages E and F are shown in Rule 101. The premium for these limits is NOT included in the BASE PREMIUM. Refer to the tables below for basic and increased limits rates.
4. If increased limits are written, then the same limits must apply to any Other Exposures covered under the policy unless otherwise stated.

**Residence Premises, Forms HS 661:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48
2	\$100,000	\$40	\$44	\$49
	\$200,000	\$47	\$51	\$56
	\$300,000	\$53	\$57	\$62
	\$500,000	\$59	\$63	\$68
3	\$100,000	\$66	\$70	\$75
	\$200,000	\$76	\$80	\$85
	\$300,000	\$86	\$90	\$95
	\$500,000	\$95	\$99	\$104
4	\$100,000	\$67	\$71	\$76
	\$200,000	\$77	\$81	\$86
	\$300,000	\$87	\$91	\$96
	\$500,000	\$97	\$101	\$106

**Residence Premises, Forms HS 662:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**Residence Premises, Forms HS 663:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26
2	\$100,000	\$18	\$22	\$27
	\$200,000	\$22	\$26	\$31
	\$300,000	\$24	\$28	\$33
	\$500,000	\$26	\$30	\$35
3	\$100,000	\$32	\$36	\$41
	\$200,000	\$37	\$41	\$46
	\$300,000	\$41	\$45	\$50
	\$500,000	\$46	\$50	\$55
4	\$100,000	\$35	\$39	\$44
	\$200,000	\$40	\$44	\$49
	\$300,000	\$45	\$49	\$54
	\$500,000	\$49	\$53	\$58

**Residence Premises, Forms HS 664:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26

**Residence Premises, Forms HS 665:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**B. Other Exposures**

1. There is an additional charge for Other Exposures listed in the following rules.
2. The minimum limits for Other Exposures are the same as the limits for the Residence Premises unless otherwise indicated.
3. For increased limits for Other Exposures, see rates below.
4. If increased limits are written, the same limits must apply to the Residence Premises unless otherwise stated.

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Other Exposures - Personal Liability Increase Limits Rule Revision  
All Policy Forms  
Current Rule

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**RULE 701.**

**OTHER EXPOSURES - PERSONAL LIABILITY INCREASED LIMITS**

---

Apply the appropriate factor shown below to the basic limits premium for each exposure.

<b>Limit</b>	<b>Factor</b>
\$200,000	1.15
\$300,000	1.35
\$500,000	1.50

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Other Exposures - Personal Liability Increase Limits Rule Revision  
All Policy Forms  
Proposed Rule

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**RULE 701.**

**OTHER EXPOSURES - PERSONAL LIABILITY INCREASED LIMITS**

---

Apply the appropriate factor shown below to the basic limits premium for each exposure.

<b>Limit</b>	<b>Factor</b>
\$200,000	1.27
\$300,000	1.49
\$500,000	1.65

SERFF Tracking Number:	TRVA-126625224	State:	Arkansas
First Filing Company:	The Automobile Insurance Company of Hartford, Connecticut ,...	State Tracking Number:	EFT \$100
Company Tracking Number:	2010-05-0047		
TOI:	30.1 Dwelling Fire/Personal Liability	Sub-TOI:	30.1000 Dwelling Fire/Personal Liability
Product Name:	Homesaver		
Project Name:			

Objection Letter Status Pending Industry Response

Objection Letter Date 05/19/2010

Respond By Date

Submitted Date 05/19/2010 03:08 PM

Dear Bill Dutcher,

**Introduction:** This will acknowledge receipt of the captioned filing.

[Objection 1](#)

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: This form applies to the equivalent of form DP-2 as well as homeowner policies. Please complete the DP-2 section, if applicable.

**Response:** We do not offer the equivalent of a DP-2 policy thus this section is not applicable.

[Objection 2](#)

- Filing Package (Supporting Document)

Comment: Please provide 5-year countrywide experience as required by ACA 23-67-209(a).

**Response:** Updated RF-1 forms have been added to the SERFF filing under the Supporting Documentation tab.

**Conclusion:** 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

## **AR Homesaver 08/06/2010 Objection #2 received 05/28/2010**

SERFF Tracking Number:	TRVA-126625224	State:	Arkansas
First Filing Company:	The Automobile Insurance Company of Hartford, Connecticut ,...	State Tracking Number:	EFT \$100
Company Tracking Number:	2010-05-0047		
TOI:	30.1 Dwelling Fire/Personal Liability	Sub-TOI:	30.1000 Dwelling Fire/Personal Liability
Product Name:	Homesaver		
Project Name:			

Objection Letter Status Pending Industry Response

Objection Letter Date 05/28/2010

Respond By Date

Submitted Date 05/28/2010 08:48 AM

Dear Bill Dutcher,

**Introduction:** This will acknowledge receipt of the response dated 5/28/2010.

### [Objection 1](#)

- Filing Package (Supporting Document)
- Objection response 1 (Supporting Document)

Comment: Please see the code below. I previously asked for the 5-year countywide experience. You provided the RF-1. Since AR is only 50% credible, please provide an indicated rate need using countrywide experience, for comparison to the AR credibility developed need.

23-67-209

(a) Due consideration must be given to past and prospective loss and expense experience within and outside this state, to catastrophe hazards and contingencies, to events or trends within and outside this state, to loadings for leveling rates over a period of time, to dividends or savings to be allowed or returned by insurers to their policyholders, members, or subscribers, and to all other relevant factors. All submissions for rate changes or supplementary rate changes must include this information with Arkansas experience shown as well as companywide experience for the past five (5) years for the class of business which this filing affects. The determination of the weighting of credibility assigned to Arkansas must be fully explained. If, within a particular class, the data is not sufficiently credible for Arkansas or companywide, and common classes are grouped together for rate-making purposes, all class codes utilized in developing credibility shall be shown as an exhibit in the filing, with Arkansas experience for each class affected shown separately. If significant trends within the state are utilized, a narrative describing the basis of the trend must be included.

### **Answer:**

Please note that the indicated rate level change based purely on Travelers' dwelling-fire book in Arkansas is 40.13% (line 11 in Exhibit 2 of the filing package, attached). The prospective trend, which is based on industry data for AR was used as the complement of credibility because of the low (50%) credibility of Travelers' claims. Since countrywide data would not appropriately reflect trends specific to Arkansas, it was not used as the complement of credibility and industry data for Arkansas was used instead.

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAIndication  
All Forms Combined

All Price Tracks Combined

AY Ending 12/31	Earned House Years (1)	Trended EPCR (2)	Ultimate Trended L & LAE (3)	Incurred Claim Count (4)	AY Weights (5)	Rate Level Loss Ratio (6)=(3)/(2)
2005	1,439	1,149,427	923,433	47	0.20	0.803
2006	1,619	1,276,192	833,813	46	0.20	0.653
2007	1,788	1,435,430	881,391	43	0.20	0.614
2008	2,099	1,695,786	1,394,867	73	0.20	0.823
2009	2,487	1,963,864	971,030	109	0.20	0.494
(7) Weighted Rate Level Loss Ratio						0.678
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.825
(9) Total Cat. Adjusted Loss Ratio = (8)						0.825
(10) Permissible Loss Ratio						0.589
(11) Indicated Rate Level Change = (9)/(10)-1						40.13%
(12) State Credibility						0.500
(13) Prospective Trend						0.097
(14) Credibility Weighted Indicated Rate Level change						<b>24.93%</b>
(15) Proposed Premium Level Change						13.02%

## **AR HOMESAVER OBJECTION #3 RECEIVED 6-11-2010**

Dear Bill Dutcher,

**Introduction:** The objection is the same information requested in the note to filer. It is being converted to an objection due to the delay in your response.

### Objection 1

Comment: The Commissioner is reviewing all personal lines rate filings. He usually asks what type of losses are most responsible for the loss ratio: fire, weather, etc. Please provide this information before 6/11/10. We are scheduled to discuss the filing with him at that time.

**Fire and wind were responsible for a majority of losses in 2009-2010.**

Additionally, regarding the countrywide experience, it is not that we do not understand why and how credibility is used. We want to see the countrywide experience developed as in exhibit 2; it is required by statute.

**Please see the revised Exhibit 2 where countrywide prospective trend was used as a complement to credibility. Exhibits 7a and 7b show the revised trend selections based on countrywide experience.**

**Please note that the countrywide prospective trend was used only as a complement to credibility. The factors for calculating trended EPCR and trended L & LAE were calculated using AR statewide and ISO data.**

**You will notice that the revised indication of 21.67 still supports the requested rate increase of 13.02%.**

**Conclusion:** 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

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAIndication  
All Forms Combined

All Price Tracks Combined

AY Ending 12/31	Earned House Years (1)	Trended EPCR (2)	Ultimate Trended L & LAE (3)	Incurred Claim Count (4)	AY Weights (5)	Rate Level Loss Ratio (6)=(3)/(2)
2005	1,439	1,149,427	923,433	47	0.20	0.803
2006	1,619	1,276,192	833,813	46	0.20	0.653
2007	1,788	1,435,430	881,391	43	0.20	0.614
2008	2,099	1,695,786	1,394,867	73	0.20	0.823
2009	2,487	1,963,864	971,030	109	0.20	0.494
(7) Weighted Rate Level Loss Ratio						0.678
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.825
(9) Total Cat. Adjusted Loss Ratio = (8)						0.825
(10) Permissible Loss Ratio						0.589
(11) Indicated Rate Level Change = (9)/(10)-1						40.13%
(12) State Credibility						0.500
(13) Prospective Trend Based on Countrywide Experience (see Exhibit 11)						0.032
(14) Credibility Weighted Indicated Rate Level change						<b>21.67%</b>
(15) Proposed Premium Level Change						13.02%

## ARKANSAS HOMESAVER

THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
 THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

Prospective Trend Using Countrywide Experience  
 All Policy Forms Combined

All Price Tracks Combined

(1)	Effective Date - Prior Filing	7/31/2009
(2)	Effective Date - Current Filing	8/6/2010
(3)	Number of Months Between Effective Dates	12.2
(4)	Annual Loss Trend	
	Frequency	7.1%
	Severity	0.0%
	Pure Premium	7.1%
(5)	Annual Premium Trend	3.8%
(6)	Annual Net Trend	3.2%
(7)	Prospective Trend	3.2%

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Frequency Trend  
Exponential Fit

Calendar Year Ending	Travelers Statewide				Calendar Year Ending	Travelers Countrywide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	5.35	7.13			03/31/2005	1.90	1.82		
06/30/2005	5.24	7.04			06/30/2005	1.93	1.85		
09/30/2005	4.51	6.94			09/30/2005	1.92	1.88		
12/31/2005	5.64	6.85			12/31/2005	1.84	1.92		
03/31/2006	7.02	6.76			03/31/2006	1.91	1.95		
06/30/2006	7.59	6.67			06/30/2006	1.93	1.98		
09/30/2006	8.43	6.58			09/30/2006	1.91	2.02		
12/31/2006	8.20	6.49			12/31/2006	2.00	2.05		
03/31/2007	8.90	6.40	9.77		03/31/2007	2.08	2.09	2.12	
06/30/2007	7.77	6.32	9.00		06/30/2007	2.13	2.12	2.15	
09/30/2007	6.58	6.23	8.29		09/30/2007	2.16	2.16	2.19	
12/31/2007	6.93	6.15	7.64		12/31/2007	2.26	2.20	2.22	
03/31/2008	5.92	6.07	7.04		03/31/2008	2.26	2.24	2.25	
06/30/2008	9.04	5.99	6.49		06/30/2008	2.30	2.27	2.29	
09/30/2008	10.06	5.91	5.98	10.66	09/30/2008	2.35	2.31	2.33	2.41
12/31/2008	9.79	5.83	5.51	8.01	12/31/2008	2.39	2.35	2.36	2.42
03/31/2009	7.17	5.75	5.08	6.02	03/31/2009	2.48	2.39	2.40	2.42
06/30/2009	2.85	5.67	4.68	4.53	06/30/2009	2.50	2.43	2.44	2.43
09/30/2009	3.06	5.59	4.31	3.40	09/30/2009	2.54	2.48	2.48	2.44
12/31/2009	3.30	5.52	3.97	2.56	12/31/2009	2.31	2.52	2.51	2.44
Annual Rate of Change		-5.3%	-27.9%	-68.1%			7.1%	6.4%	1.1%
Coefficient of Determination (R <sup>2</sup> )		4.5%	41.4%	79.6%			89.6%	75.7%	1.8%
Selected Annual Rate of Change				7.1%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience Period	Midpoint of Experience Period	Prospective Trend Period (months)	From to	Frequency Factor Midpoint 08/06/2011
12/31/2005	06/30/2005	73.3		1.520
12/31/2006	06/30/2006	61.3		1.420
12/31/2007	06/30/2007	49.3		1.326
12/31/2008	06/30/2008	37.2		1.237
12/31/2009	06/30/2009	25.2		1.155

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Severity Trend  
Exponential Fit

Calendar Year Ending	Travelers Statewide				Calendar Year Ending	Travelers Countrywide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	7,849.28	11,901.99			03/31/2005	9,881	10,076		
06/30/2005	5,887.36	11,165.93			06/30/2005	9,700	10,061		
09/30/2005	7,542.17	10,475.39			09/30/2005	9,703	10,046		
12/31/2005	8,116.92	9,827.56			12/31/2005	10,125	10,030		
03/31/2006	6,662.15	9,219.78			03/31/2006	10,011	10,015		
06/30/2006	5,866.59	8,649.60			06/30/2006	10,057	10,000		
09/30/2006	12,639.80	8,114.68			09/30/2006	10,197	9,985		
12/31/2006	14,320.63	7,612.84			12/31/2006	10,391	9,970		
03/31/2007	13,959.46	7,142.03	16013.36		03/31/2007	10,384	9,955	10,180	
06/30/2007	15,603.36	6,700.35	13212.69		06/30/2007	10,078	9,940	10,125	
09/30/2007	7,858.54	6,285.97	10901.84		09/30/2007	10,365	9,925	10,071	
12/31/2007	4,628.91	5,897.23	8995.15		12/31/2007	9,805	9,910	10,017	
03/31/2008	4,756.64	5,532.52	7421.93		03/31/2008	9,506	9,895	9,964	
06/30/2008	8,740.72	5,190.37	6123.86		06/30/2008	9,787	9,880	9,910	
09/30/2008	7,904.75	4,869.38	5052.82	15146.78	09/30/2008	9,566	9,865	9,857	9,994
12/31/2008	9,500.42	4,568.24	4169.10	8641.03	12/31/2008	10,103	9,850	9,805	9,910
03/31/2009	10,807.03	4,285.73	3439.94	4929.59	03/31/2009	10,163	9,835	9,752	9,828
06/30/2009	2,526.42	4,020.68	2838.31	2812.27	06/30/2009	9,916	9,820	9,700	9,745
09/30/2009	3,335.57	3,772.03	2341.90	1604.36	09/30/2009	9,725	9,806	9,648	9,664
12/31/2009	389.57	3,538.75	1932.31	915.27	12/31/2009	9,275	9,791	9,597	9,583
Annual Rate of Change		-22.5%	-53.7%	-89.4%			-0.6%	-2.1%	-3.3%
Coefficient of Determination (R <sup>2</sup> )		21.5%	47.6%	70.3%			8.4%	30.7%	20.3%
Selected Annual Rate of Change				0.0%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience Period	Midpoint of Experience Period	Prospective Trend Period (months)	From to	Severity Factor Midpoint 08/06/2011	Frequency x Severity Factor
12/31/2005	06/30/2005	73.3		1.000	1.520
12/31/2006	06/30/2006	61.3		1.000	1.420
12/31/2007	06/30/2007	49.3		1.000	1.326
12/31/2008	06/30/2008	37.2		1.000	1.237
12/31/2009	06/30/2009	25.2		1.000	1.155

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

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Explanatory Memorandum

This filing is being submitted with revisions to the Arkansas Homesaver program. We are proposing an overall rate level change of 9.96% for the Arkansas Homesaver program. Included in this change is a shift in our base deductible from \$250 to \$500. This change applies to policies issued and effective on or after 08/06/2010.

Proposed Change	All Forms Combined
Territory Base Rates	5.99%
Coverage A Curve Factors	0.87%
Deductible Factors	1.94%
Rule 601	0.37%
Rule 701	0.77%
New Home Premium Credit	-0.19%
Total Rate Impact	9.96%

Indicated statewide rate level changes have been developed utilizing our normal rate making procedures using the latest available Travelers Homesaver experience in Arkansas, fiscal accident years 2005 through fourth quarter 2009.

Note: Homeowners data was used in the derivation of:

- Catastrophe Losses
- Investment Income
- Loss Trend

Changes being proposed in the filing include adjustments to:

- Territory Base Rates
- Coverage A Curve Factors
- Deductible Factors
- Rule 601 Rates
- Rule 701 Factors
- New Home Premium Credit

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Statewide Indication

All Price Tracks Combined

<u>Policy Forms</u>	Year Ending 12/31/2009 <u>EPCR</u>	Indicated Rate Level <u>Change</u>
All Forms Combined	1,980,490	21.67%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAIndication  
All Forms Combined

All Price Tracks Combined

AY Ending 12/31	Earned House Years (1)	Trended EPCR (2)	Ultimate Trended L & LAE (3)	Incurred Claim Count (4)	AY Weights (5)	Rate Level Loss Ratio (6)=(3)/(2)
2005	1,439	1,149,427	923,433	47	0.20	0.803
2006	1,619	1,276,192	833,813	46	0.20	0.653
2007	1,788	1,435,430	881,391	43	0.20	0.614
2008	2,099	1,695,786	1,394,867	73	0.20	0.823
2009	2,487	1,963,864	971,030	109	0.20	0.494
(7) Weighted Rate Level Loss Ratio						0.678
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.825
(9) Total Cat. Adjusted Loss Ratio = (8)						0.825
(10) Permissible Loss Ratio						0.589
(11) Indicated Rate Level Change = (9)/(10)-1						40.13%
(12) State Credibility						0.500
(13) Prospective Trend Based on Countrywide Experience (see Exhibit 11)						0.032
(14) Credibility Weighted Indicated Rate Level change						<b>21.67%</b>
(15) Proposed Premium Level Change						9.96%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
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## Development of Permissible Loss Ratio

Commissions	16.1%
General & Other Acquisition	10.2%
Taxes, Licenses & Fees	3.1%
Profit Provision	11.8%
Subtotal	41.1%
Permissible Loss Ratio	58.9%
Total	100.0%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

## Credibility Table

<u>Claims</u> <u>Count</u>	<u>Credibility</u>
0	0.00
3	0.05
11	0.10
43	0.20
97	0.30
173	0.40
271	0.50
390	0.60
530	0.70
692	0.80
876	0.90
1,082	1.00





## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
 THE TRAVELERS INDEMNITY COMPANY OF AMERICA

## Unallocated Loss Adjustment Expense

Calendar Year	ULAE	Incurred Losses & ALAE	Ratio
2006	\$7,215,286	\$51,809,652	0.139
2007	\$8,902,785	\$80,404,763	0.111
2008	\$6,682,849	\$72,784,339	0.092
Mean			0.114
Selected			0.114

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Frequency Trend  
Exponential Fit

Calendar Year Ending	Travelers Statewide				Calendar Year Ending	Industry Fastrack Statewide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	5.35	7.13			12/31/2004	5.05	4.80		
06/30/2005	5.24	7.04			03/31/2005	5.00	4.84		
09/30/2005	4.51	6.94			06/30/2005	4.98	4.88		
12/31/2005	5.64	6.85			09/30/2005	4.91	4.91		
03/31/2006	7.02	6.76			12/31/2005	4.91	4.95		
06/30/2006	7.59	6.67			03/31/2006	4.98	4.99		
09/30/2006	8.43	6.58			06/30/2006	5.15	5.03		
12/31/2006	8.20	6.49			09/30/2006	5.20	5.07		
03/31/2007	8.90	6.40	9.77		12/31/2006	5.09	5.11	4.75	
06/30/2007	7.77	6.32	9.00		03/31/2007	5.15	5.15	4.84	
09/30/2007	6.58	6.23	8.29		06/30/2007	4.92	5.19	4.93	
12/31/2007	6.93	6.15	7.64		09/30/2007	4.80	5.23	5.03	
03/31/2008	5.92	6.07	7.04		12/31/2007	4.82	5.27	5.12	
06/30/2008	9.04	5.99	6.49		03/31/2008	4.84	5.31	5.22	
09/30/2008	10.06	5.91	5.98	10.66	06/30/2008	5.17	5.35	5.32	5.20
12/31/2008	9.79	5.83	5.51	8.01	09/30/2008	5.45	5.39	5.42	5.37
03/31/2009	7.17	5.75	5.08	6.02	12/31/2008	5.49	5.44	5.52	5.54
06/30/2009	2.85	5.67	4.68	4.53	03/31/2009	5.76	5.48	5.62	5.72
09/30/2009	3.06	5.59	4.31	3.40	06/30/2009	5.76	5.52	5.73	5.90
12/31/2009	3.30	5.52	3.97	2.56	09/30/2009	6.17	5.56	5.84	6.08
Annual Rate of Change		-5.3%	-27.9%	-68.1%			3.1%	7.8%	13.4%
Coefficient of Determination (R <sup>2</sup> )		4.5%	41.4%	79.6%			45.0%	66.9%	93.6%
Selected Annual Rate of Change				3.1%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience Period	Midpoint of Experience Period	Prospective Trend Period (months)	From to	Frequency Factor Midpoint 08/06/2011
12/31/2005	06/30/2005	73.3		1.205
12/31/2006	06/30/2006	61.3		1.169
12/31/2007	06/30/2007	49.3		1.134
12/31/2008	06/30/2008	37.2		1.099
12/31/2009	06/30/2009	25.2		1.066

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Loss Trend  
Dwelling, Tenant and Condominium Policy Forms  
Severity Trend  
Exponential Fit

Calendar Year Ending	Travelers Statewide				Calendar Year Ending	Industry Fastrack Statewide			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2005	7,849.28	11,901.99			12/31/2004	4,732.97	4,867.74		
06/30/2005	5,887.36	11,165.93			03/31/2005	5,011.76	4,988.93		
09/30/2005	7,542.17	10,475.39			06/30/2005	5,102.69	5,113.14		
12/31/2005	8,116.92	9,827.56			09/30/2005	5,258.94	5,240.43		
03/31/2006	6,662.15	9,219.78			12/31/2005	5,575.37	5,370.90		
06/30/2006	5,866.59	8,649.60			03/31/2006	5,636.96	5,504.61		
09/30/2006	12,639.80	8,114.68			06/30/2006	5,751.23	5,641.65		
12/31/2006	14,320.63	7,612.84			09/30/2006	5,747.80	5,782.11		
03/31/2007	13,959.46	7,142.03	16013.36		12/31/2006	5,900.57	5,926.06	5820.45	
06/30/2007	15,603.36	6,700.35	13212.69		03/31/2007	5,996.10	6,073.59	5980.14	
09/30/2007	7,858.54	6,285.97	10901.84		06/30/2007	6,160.90	6,224.80	6144.21	
12/31/2007	4,628.91	5,897.23	8995.15		09/30/2007	6,471.88	6,379.77	6312.79	
03/31/2008	4,756.64	5,532.52	7421.93		12/31/2007	6,460.42	6,538.60	6485.99	
06/30/2008	8,740.72	5,190.37	6123.86		03/31/2008	6,507.32	6,701.38	6663.94	
09/30/2008	7,904.75	4,869.38	5052.82	15146.78	06/30/2008	6,678.67	6,868.22	6846.78	6645.75
12/31/2008	9,500.42	4,568.24	4169.10	8641.03	09/30/2008	6,788.49	7,039.21	7034.63	6902.51
03/31/2009	10,807.03	4,285.73	3439.94	4929.59	12/31/2008	7,293.48	7,214.46	7227.63	7169.18
06/30/2009	2,526.42	4,020.68	2838.31	2812.27	03/31/2009	7,399.37	7,394.07	7425.93	7446.15
09/30/2009	3,335.57	3,772.03	2341.90	1604.36	06/30/2009	7,756.74	7,578.15	7629.67	7733.83
12/31/2009	389.57	3,538.75	1932.31	915.27	09/30/2009	8,015.53	7,766.81	7839.00	8032.62
Annual Rate of Change		-22.5%	-53.7%	-89.4%			10.3%	11.4%	16.4%
Coefficient of Determination (R <sup>2</sup> )		21.5%	47.6%	70.3%			97.9%	96.2%	97.5%
Selected Annual Rate of Change				10.3%					
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect				08/06/2011					

Factors To Adjust Data Based on a 08/06/2010 Effective Date

Experience Period	Midpoint of Experience Period	Prospective Trend Period (months)	From to	Severity Factor Midpoint 08/06/2011	Frequency x Severity Factor
12/31/2005	06/30/2005	73.3		1.820	2.193
12/31/2006	06/30/2006	61.3		1.650	1.928
12/31/2007	06/30/2007	49.3		1.496	1.696
12/31/2008	06/30/2008	37.2		1.355	1.490
12/31/2009	06/30/2009	25.2		1.229	1.310

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICAAverage Premium Trend  
All Policy Forms

## All Price Tracks Combined

Experience Period Ending:	Average Premium	Fitted Average Premium (Straight Line)
12/31/2005	642.87	641.69
12/31/2006	674.24	682.32
12/31/2007	727.77	722.96
12/31/2008	773.49	763.59
12/31/2009	796.43	804.23
(1) Average Historical Annual Increment of Change:		40.64
(2) Average Annual Increment of Change Tempered 0.75:		30.48
(3) Selected Annual Increment of Change:		30.48
Current Annual Rate =	3.8%	
(4) Average Earned Date Underlying Proposed Rates: (Effective Date = 08/06/2010)		08/06/2011
(5) Prospective Trend Period (months) (Midpoint of Experience Period to Average Earned Date)		25.2
(6) Increment to Bring 12/31/2009 Average Premium to 08/06/2011: [(3) * [(5) / 12]]		63.91
(7) Projected Average Premium at 08/06/2011:		868.14

## CALCULATION OF PREMIUM TREND FACTORS

Experience Period Ending:	Midpoint of Experience Period	Fitted Average Premium	Premium Trend Factors
12/31/2005	06/30/2005	641.69	1.243
12/31/2006	06/30/2006	682.32	1.169
12/31/2007	06/30/2007	722.96	1.103
12/31/2008	06/30/2008	763.59	1.044
12/31/2009	06/30/2009	804.23	0.992

## ARKANSAS HOMESAVER

### Catastrophe Losses

#### Explanation of Catastrophe Losses

In an effort to avoid sharp fluctuations in our rate level adjustments and maintain a degree of stability, we have given catastrophe losses a special treatment in the ratemaking process.

#### Non-Hurricane Catastrophe Losses:

The industry defines a catastrophe as an occurrence such as a hailstorm, windstorm, tornado, hurricane, etc., which results in property losses of \$25,000,000 or more.<sup>1</sup> Each catastrophe is accorded a serial number by the Insurance Services Office for identification purposes. This identification makes it possible for each insurance company to summarize the losses due to these types of occurrences in a particular year. One of our underlying assumptions in ratemaking is that past loss experience can be utilized as an indication of the future loss experience. While this is a reasonable assumption for regular property losses, we believe catastrophe losses are extraordinary events that will probably not re-occur with the same degree of frequency as regular losses. Therefore, we give such catastrophe losses special treatment.

We first eliminate all catastrophe losses from the five-year experience period leaving only non-cat losses in the experience. We develop the five-year indicated non-cat loss ratio by considering only these losses. To this non-cat loss ratio, the Catastrophe Loss Factor is applied to produce the indicated loss ratio including catastrophes.

Since catastrophes are rare events, it is necessary that the computation of the catastrophe loading be based upon a long period of experience. In determining the Catastrophe Loss Factor, we have utilized all of the Homeowners experience from 1966 - 2008. The Catastrophe Loss Factor is calculated by relating the catastrophe losses to the non-cat losses. Page 3 of this exhibit sets forth the actual calculation.

1. \$25,000,000 of property losses as the definition of catastrophe has been in effect since January 1, 1997. The previous definition of \$5,000,000 of property losses was in use from January 1, 1982 to December 31, 1996. All previous catastrophes are defined as \$1,000,000 or more of property losses.

ARKANSAS HOMESAVER

All Companies Combined

Catastrophe Losses  
Development of Weighted Catastrophe Loss Multiplier  
Dwelling, Tenant and Condominium Policy Forms

Calendar Year Ending 12/31	Total Incurred Losses (2)+(3)+(4)+(5)	Hurricane Losses	Earthquake Losses	Other Cat. Losses	Non-Cat. Incurred Losses
	(1)	(2)	(3)	(4)	(5)
1966	210,715	0	0	3,913	206,802
1967	267,765	0	0	20,977	246,788
1968	281,720	0	0	101,427	180,293
1969	286,716	0	0	-404	287,120
1970	376,425	0	0	12,503	363,922
1971	415,374	0	0	24,141	391,233
1972	676,316	0	0	191,152	485,164
1973	578,880	0	0	182,109	396,771
1974	686,097	0	0	43,078	643,019
1975	1,090,266	0	0	354,884	735,382
1976	655,264	0	0	254,326	400,938
1977	628,267	0	0	12,435	615,832
1978	526,587	0	0	51,049	475,538
1979	549,086	0	0	64,241	484,845
1980	546,537	0	0	212,233	334,304
1981	867,611	0	0	95,268	772,343
1982	1,133,784	0	0	140,261	993,523
1983	1,729,237	0	0	247,317	1,481,920
1984	2,831,410	0	0	326,349	2,505,061
1985	4,459,262	0	0	134,592	4,324,670
1986	7,814,946	0	0	535,735	7,279,211
1987	6,636,713	0	0	341,826	6,294,887
1988	2,922,580	0	0	407,400	2,515,180
1989	3,399,560	0	0	1,055,941	2,343,619
1990	2,172,456	0	0	323,004	1,849,452

ARKANSAS HOMESAVER

All Companies Combined

Catastrophe Losses  
Development of Weighted Catastrophe Loss Multiplier  
Dwelling, Tenant and Condominium Policy Forms

Calendar Year Ending 12/31	Total Incurred Losses (2)+(3)+(4)+(5)	Hurricane Losses (2)	Earthquake Losses (3)	Other Cat. Losses (4)	Non-Cat. Incurred Losses (5)
1991	803,043	0	0	148,362	654,681
1992	297,724	0	0	11,533	286,191
1993	18,152	0	0	0	18,152
1994	33,681	0	0	0	33,681
1995	45,350	0	0	0	45,350
1996	16,622	0	0	3,250	13,372
1997	94,083	0	0	3,376	90,707
1998	140,013	0	0	21,130	118,883
1999	1,226,638	0	0	247,702	978,936
2000	667,848	0	0	85,139	582,709
2001	928,813	0	0	260,322	668,491
2002	1,322,681	0	0	120,703	1,201,978
2003	2,845,528	0	0	159,373	2,686,155
2004	4,007,483	0	0	301,816	3,705,667
2005	7,590,058	357,668	0	235,707	6,996,683
2006	12,961,298	127,285	0	1,737,918	11,096,095
2007	9,496,630	0	0	607,031	8,889,599
2008	29,256,103	1,756,392	0	10,830,292	16,669,419
Total	113,495,322	2,241,345	0	19,909,411	91,344,566
(6)	Ratio of Total "Other Cat." Losses to Total "Non-Cat." Losses:				0.218
(7)	Weighted Catastrophe Loss Multiplier [WCLM = 1 + (6)]:				1.218

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Estimated Investment Earnings

A.	<u>Unearned Premium Reserve</u>	<u>Homesaver</u>
	1. Direct Earned Premium	1,309,004
	2. Direct Mean Unearned Premium Reserve ( <i>See Page 3</i> )	694,102
	3. Deduction for Prepaid Expenses	
	(A) Commissions	0.1610
	(B) Taxes, Licenses, and Fees	0.0306
	(C) Other Acquisition (50%)	0.0508
	(D) Total	0.2423
	4. Deduction for Federal Taxes ( <i>See Page 3</i> )	15,338
	5. Deduction for Prepaid Expenses in dollars ( <i>See Page 3</i> )	168,200
	6. Net Subject to Investment ( <i>See Page 3</i> )	510,564
B.	<u>Delayed Remission of Premium</u>	
	1. Average Agent's Balance ( <i>See Page 3</i> )	27.3%
	2. Amount of Deduction ( <i>See Page 3</i> )	357,358
C.	<u>Loss + LAE Reserve</u>	
	1. Direct Earned Premium (A1)	1,309,004
	2. Permissible Incurred Loss + LAE ( <i>See Page 4</i> )	
	0.5889 x (1)	770,865
	3. Expected Mean Loss + LAE Reserve ( <i>See Page 4</i> )	
	0.6930 x (2)	534,216
	4. Deduction for Federal Taxes ( <i>See Page 5</i> )	(4,981)
	5. Loss & Reserve Subject to Investment	539,197
D.	<u>Policyholders' Surplus</u> ( <i>See Page 6</i> )	1,251,000
E.	<u>Net Subject to Investment</u> ( <i>See Page 4</i> )	1,943,403
	(A6) - (B2) + (C5) + (D)	
F.	<u>Average Rate of Return</u> ( <i>See Page 6</i> )	4.8%

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Estimated Investment Earnings

	<u>Homesaver</u>
G. <u>Projected Investment Earnings</u>	93,283
H. <u>Before Tax Return on Earned Premium</u>	7.1%
I. <u>Federal Income Tax Provision</u> (See Page 6)	23.9%
J. <u>After-Tax Return on Earned Premium</u>	5.4%
K. <u>After-Tax Target Return on Earned Premium</u> (See Page 6)	14.3%
L. <u>After-Tax Target Underwriting Profit (% of EP)</u>	8.9%
M. <u>Before-Tax Target Underwriting Profit (% of EP)</u> (Assuming a tax rate of 35%)	13.7%
N. <u>Selected Before-Tax Target Underwriting Profit</u>	<u>11.8%</u>

The Surplus Allocation exhibit requires a 14.3% return on earned premium from underwriting and investment activities.

Since the after-tax return on homeowners earned premium from investment income is 5.4%, the difference of 8.9% is the projected underwriting after-tax gain. Assuming a tax rate of 35%, the before-tax underwriting profit is 13.7% as a percentage of earned premium.

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Explanatory Notes of Calculation of Investment Income Adjustment Factors

A. Unearned Premium Reserve

1. Direct Earned Premium from page 14 of the annual statement for the calendar-year 2008.

2. Direct Mean Unearned Premium Reserve	<u>Homesaver</u>
a. Direct unearned premium reserve as of 12/07	584,544
b. Direct unearned premium reserve as of 12/08	803,659
c. Direct mean unearned premium reserve (a + b)/2	694,102

3. Deduction for Prepaid Expenses: Production costs and a large part of the other company expenses in connection with the writing and handling of insurance policies, exclusive of claim adjustment expense, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedures, as shown.

4. Revenue Offset: The Internal Revenue Code allows only 80% of the change in unearned premium reserve as a deduction. The limitation of the deduction is accomplished through an adjustment to statutory income whereby 20% of the unearned premium reserve change is added to statutory income for tax purposes.

a. Homeowners:  $.35 \times .20 \times (803659 - 584544) =$  15,338

5. Line (2) x (3E)

6. Net Subject to Investment (2)-(4)-(5)

B. Delayed Remission of Premium

1. Average Uncollected Balance: The ratio used is the countrywide mean premium and agents' balance in the course of collection as a percentage of earned premium. (Source: Annual Statement)

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Total</u>
Premiums & agents' balance	1,187,699,182	1,171,517,035	1,141,692,853	3,500,909,070
Premiums, agents' balances, & installments booked but deferred and not yet due	4,561,569,509	4,261,991,089	4,147,635,437	12,971,196,035
Total	5,749,268,691	5,433,508,124	5,289,328,290	16,472,105,105
Earned Premium	19,699,572,370	20,319,183,986	20,388,358,051	60,407,114,407
Ratio	29.2%	26.7%	25.9%	27.3%

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Explanatory Notes of Calculation of Investment Income Adjustment Factors

C. Loss + LAE Reserve: Determined by multiplying the expected incurred Loss + LAE by the ratio of the direct mean Loss + LAE reserve to the direct incurred Loss + LAE. This countrywide ratio is determined as follows: (See Page 6)

1. Direct Earned Premium from Page 14 of the Annual Statement.
2. Permissible Incurred Loss + LAE = Expected Loss Ratio x Line C1 by line
3. Expected Mean Loss + LAE = ((Direct Mean Loss + LAE) / Direct Incurred Loss + LAE)) x C2

	<u>Homesaver</u>
a. Direct Paid Loss + LAE for 2008	94,294,279
b. Direct Loss + LAE Reserve as of 12/07	62,484,981
c. Direct Loss + LAE Reserve as of 12/08	47,657,891
d. Direct Incurred Loss + LAE = a - b + c	79,467,188
e. Direct Mean Loss + LAE Reserve = (b + c)/2	55,071,436
f. State Reserve Ratio = e / d	0.6930

4. Deduction for Federal Taxes (See Page 5)
5. Loss Reserve Subject to Investment = C3 - C4

D. Policyholders' Surplus (See Page 6)

E. Net Subject to Investment = A6 - B2 + C5 + D

F. Average Rate of Return (See Page 6)

G. Projected Investment Earnings = E x F

H. Before-Tax Return of Earned Premium = G / A1

I. Federal Income Tax Provision (See Page 6)

J. After-Tax Return on Earned Premium = (G - (G x I)) / Direct Earned Premium

K. After-Tax Target Return on Earned Premium (See Page 6)

L. After-Tax Target Underwriting Profit = K - J

M. Before-Tax Target Underwriting Profit = L / 0.35 (Assuming a tax rate of 35%)

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Deduction for Federal Taxes Payable on Loss Reserves

Homeowner's (*Countrywide*)

<u>Year of Loss</u>	<u>Statutory Reserves (Undiscounted)</u>		<u>Tax Reserves (Discounted)</u>	
	<u>2007</u>	<u>2008</u>	<u>2007</u>	<u>2008</u>
1997 & Prior	3,036,611	3,360,212	2,882,326	3,226,316
1998	1,386,583	977,201	1,230,834	893,453
1999	517,765	(19,716)	446,504	(17,504)
2000	1,596,555	419,154	1,363,369	363,159
2001	2,813,249	1,144,375	2,385,984	979,376
2002	4,252,386	2,421,679	3,691,220	2,104,601
2003	7,954,199	4,762,350	6,762,183	4,176,281
2004	14,803,018	11,544,185	13,220,250	9,943,445
2005	204,496,172	129,920,273	183,329,591	116,993,596
2006	75,261,827	25,588,221	68,313,053	23,184,438
2007	373,925,948	115,980,978	349,514,566	105,079,810
2008		518,080,388		483,568,463
Total	690,044,314	814,179,300	633,139,880	750,495,434
			<u>2007</u>	<u>2008</u>
Ratio of Discounted to Statutory Reserves:			0.9175	0.9218
Arkansas Liability Loss + ALAE Reserve as of 12/07 x 1.114 =				402,168
Arkansas Liability Loss + ALAE Reserve as of 12/08 x 1.114 =				242,279
Deduction for Federal Taxes Payable =				(4,981)
.35 x [242279 - 402168 - (242279 x 0.9218) + (402168 x 0.9175)]				

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Calculation of Investment Income Adjustment Factors  
Surplus Allocation

	<u>2006</u>	<u>2007</u>	<u>2008</u>
1. Year End Property Casualty Policyholder Surplus	20,155,707,469	22,182,414,313	20,858,817,016
2. Direct Written Premium	22,042,924,685	22,151,581,773	21,807,760,458
3. Premium to Surplus Ratio	1.09	1.00	1.05
4. Three Year Average			1.05
5. Earned Premium			1,309,004
6. Allocated Equity			1,251,000
7. Target Return on Equity			15.0%
8. Return on Earned Premium			14.3%

The average rate of return is based on the three year average ratio of net investment income to invested assets.

Source: Annual Statement

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Total</u>
1. Net Investment Income Earned	3,119,291,151	3,470,191,686	3,574,998,236	10,164,481,073
2. Net Realized Capital Gains	(261,223,519)	(80,577,971)	(425,622,764)	(767,424,254)
3. Invested Assets	64,560,270,033	66,404,637,019	64,858,958,743	195,823,865,795
4. Ratio	4.4%	5.1%	4.9%	4.8%

Federal Income Tax Provision

Detailed below is the calculation of the federal income tax rate on net investment income earned for The Travelers Property Casualty Corp. for 2008

	(In Thousands)
1. Statutory net investment income	4,314,034
2. Tax exempt interest	(1,593,797)
3. 70% Dividends received deduction	(12,601)
4. 42% Dividends received deduction	(2,295)
5. 15% Proration adj. on TEI	240,751
6. Other Adjustments	0
7. Taxable net investment income (1+2+3+4+5+6)	2,946,092
8. Tax on net investment income (7 x .35)	1,031,132
9. FIT rate on NII (8 / 1)	23.9%

## ARKANSAS HOMESAVER

THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
 THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

Prospective Trend  
 All Policy Forms Combined

## All Price Tracks Combined

(1)	Effective Date - Prior Filing	7/31/2009
(2)	Effective Date - Current Filing	8/6/2010
(3)	Number of Months Between Effective Dates	12.2
(4)	Annual Loss Trend	
	Frequency	3.1%
	Severity	10.3%
	Pure Premium	13.7%
(5)	Annual Premium Trend	3.8%
(6)	Annual Net Trend	9.6%
(7)	Prospective Trend	9.7%

## ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICATrended Ultimate Losses  
All Forms Combined

## All Price Tracks Combined

Accident Year Ending 12/31	2005	2006	2007	2008	2009
(1) Earned Premium	756,527	893,153	1,064,426	1,338,844	1,721,190
(2) Earned Premium at Current Rates Factor	1.223	1.223	1.223	1.213	1.151
(3) Earned Premium at Current Rates (1) x (2)	924,879	1,091,909	1,301,296	1,623,732	1,980,490
(4) Premium Trend Factor	1.243	1.169	1.103	1.044	0.992
(5) Trended Earned Premium at Current Rates (3) x (4)	1,149,427	1,276,192	1,435,430	1,695,786	1,963,864
(6) Incurred Losses & ALAE	378,049	388,191	467,458	839,342	657,764
(7) Loss Development Factor	1.000	1.000	0.998	1.001	1.012
(8) Ultimate Losses & ALAE (6) x (7)	377,978	388,118	466,550	840,546	665,420
(9) Unallocated Factor + 1.000	1.114	1.114	1.114	1.114	1.114
(10) Ultimate Losses & LAE (8) x (9)	421,067	432,364	519,737	936,368	741,278
(11) Loss Trend Factor	2.193	1.928	1.696	1.490	1.310
(12) Trended Ultimate Losses & LAE (10) x (11)	923,433	833,813	881,391	1,394,867	971,030

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-661

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	94	37
31	124	47
32	94	37
33	122	46

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-661

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	98	39
31	133	50
32	101	40
33	131	49

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-662

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	31	13
31	31	13
32	31	13
33	34	14

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-662

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	32	14
31	33	14
32	33	14
33	37	15

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-663

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	144	55
31	144	55
32	144	55
33	156	60

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-663

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	151	58
31	155	59
32	155	59
33	168	64

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-664

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	34	14
31	37	15
32	41	16
33	36	15

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-664

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	36	15
31	40	16
32	44	17
33	39	16

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-665

Current Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	31	13
31	31	13
32	31	13
33	34	14

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Base Rate Revision  
Base Class Premium Table: Form HS-665

Proposed Base Rates

Territory	Regular	
	Fire	Other Allied Lines
30	32	14
31	33	14
32	33	14
33	37	15

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Coverage A Revision  
Fire Classification Table: Form 661  
Key Factor Table

Current Coverage A Factors

Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.490
55,000	1.570
60,000	1.650
65,000	1.730
70,000	1.810
75,000	1.890
80,000	1.970
85,000	2.050
90,000	2.130
95,000	2.210
100,000	2.290
105,000	2.370
110,000	2.450
115,000	2.530
120,000	2.610
125,000	2.690
130,000	2.770
135,000	2.850
140,000	2.930
145,000	3.010
150,000	3.090
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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Key Factor Table

Current Coverage A Factors

Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.550
55,000	1.633
60,000	1.716
65,000	1.799
70,000	1.882
75,000	1.966
80,000	2.049
85,000	2.132
90,000	2.215
95,000	2.298
100,000	2.347
105,000	2.429
110,000	2.511
115,000	2.593
120,000	2.675
125,000	2.757
130,000	2.839
135,000	2.921
140,000	3.003
145,000	3.085
150,000	3.167
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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Key Factor Table

Proposed Coverage A Factors

Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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Fire and Other Allied Lines Coverage A Revision  
Fire Classification Table: Form 663  
Key Factor Table

Current Coverage A Factors

Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.490
55,000	1.570
60,000	1.650
65,000	1.730
70,000	1.810
75,000	1.890
80,000	1.970
85,000	2.050
90,000	2.130
95,000	2.210
100,000	2.290
105,000	2.370
110,000	2.450
115,000	2.530
120,000	2.610
125,000	2.690
130,000	2.770
135,000	2.850
140,000	2.930
145,000	3.010
150,000	3.090
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

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240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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Coverage A Amount	Factor
15,000	0.818
16,000	0.855
17,000	0.891
18,000	0.927
19,000	0.964
20,000	1.000
25,000	1.082
30,000	1.163
35,000	1.245
40,000	1.327
45,000	1.408
50,000	1.550
55,000	1.633
60,000	1.716
65,000	1.799
70,000	1.882
75,000	1.966
80,000	2.049
85,000	2.132
90,000	2.215
95,000	2.298
100,000	2.347
105,000	2.429
110,000	2.511
115,000	2.593
120,000	2.675
125,000	2.757
130,000	2.839
135,000	2.921
140,000	3.003
145,000	3.085
150,000	3.167
155,000	3.170
160,000	3.250
165,000	3.330
170,000	3.410
175,000	3.490
180,000	3.570
185,000	3.650
190,000	3.730
195,000	3.810
200,000	3.890
205,000	3.970
210,000	4.050
215,000	4.130
220,000	4.210
225,000	4.290
230,000	4.370

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Fire and Other Allied Lines Coverage A Revision  
Fire Classification Table: Form 663  
Key Factor Table

Proposed Coverage A Factors

Coverage A Amount	Factor
235,000	4.450
240,000	4.530
245,000	4.610
250,000	4.690
255,000	4.770
260,000	4.850
265,000	4.930
270,000	5.010
275,000	5.090
280,000	5.170
285,000	5.250
290,000	5.330
295,000	5.410
300,000	5.490
305,000	5.570
310,000	5.650
315,000	5.730
320,000	5.810
325,000	5.890
330,000	5.970
335,000	6.050
340,000	6.130
345,000	6.210
350,000	6.290
355,000	6.370
360,000	6.450
365,000	6.530
370,000	6.610
375,000	6.690
380,000	6.770
385,000	6.850
390,000	6.930

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Deductibles Rule Revision

Current Rule

**RULE 406.**  
**DEDUCTIBLES**

All Travelers Homesaver policies are subject to a base deductible applicable to loss from all Section I perils except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to Rule **502.** for the applicable deductible provision.

For Theft coverage, the deductible amount may differ from the deductible amount that applies to Fire and Allied Lines perils. Refer to Rule **508.** for the applicable deductible provision.

**A. Base Deductible.** The Homesaver Program provides a \$250 base deductible. Premiums shown in this Manual take this deductible into consideration.

**B. Optional \$100 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$100 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 20% and the Allied Lines BASE PREMIUM by 20%.

**C. Optional Higher Deductibles**  
**All Forms.** The Homesaver Program provides a higher deductible applicable to all perils under Section I of the policy in an amount and at a premium credit as developed in the following table. Determine the premium credit for the higher deductible by multiplying the BASE PREMIUMS by the applicable listed percentage.

Deductible	Fire	Dollar Maximum	Allied Lines	Dollar Maximum
\$500	5%	\$100	5%	\$50
\$1,000	10%	\$200	10%	\$60
\$2,500	12%	\$300	12%	\$70
\$5,000	14%	\$400	14%	\$80

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Deductibles Rule Revision

Proposed Rule

**RULE 406.**  
**DEDUCTIBLES**

All Travelers Homesaver policies are subject to a base deductible applicable to loss from all Section I perils except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to Rule **502**, for the applicable deductible provision.

For Theft coverage, the deductible amount may differ from the deductible amount that applies to Fire and Allied Lines perils. Refer to Rule **508**, for the applicable deductible provision.

**A. Base Deductible.** The Homesaver Program provides a \$500 base deductible. Premiums shown in this Manual take this deductible into consideration.

**B. Optional \$100 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$100 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 26.3% and the Allied Lines BASE PREMIUM by 26.3%.

**C. Optional \$250 Deductible**  
**All Forms.** The Homesaver policy may be written subject to a \$250 deductible applicable to all perils under Section I of this policy by increasing the Fire BASE PREMIUMS by 5.3% and the Allied Lines BASE PREMIUM by 5.3%.

**D. Optional Higher Deductibles**  
**All Forms.** The Homesaver Program provides a higher deductible applicable to all perils under Section I of the policy in an amount and at a premium credit as developed in the following table. Determine the premium credit for the higher deductible by multiplying the BASE PREMIUMS by the applicable listed percentage.

Deductible	Fire	Dollar Maximum	Allied Lines	Dollar Maximum
\$1,000	10%	\$200	10%	\$60
\$2,500	12%	\$300	12%	\$70
\$5,000	14%	\$400	14%	\$80

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Premium Credits for New Homes Rule Revision

Current Rule

**413. PREMIUM CREDITS FOR NEW HOMES**

- A. The Credits listed below are applicable to Homeowners **FORMS HS 661** and **HS 663** only for dwelling meeting **ALL** of the following criteria:
1. The dwelling is not more than seven years old.
  2. The dwelling is a 1 or 2 family structure (Three or four family dwellings do not qualify.)
  3. One of the following endorsements must apply
    - a. **HS 00 02** BROAD PERILS COVERAGE;
    - b. **HS 00 03** SPECIAL COVERAGE; or
    - c. **HS 05 31** MODIFIED LOSS SETTLEMENT
- B. To determine the Premium Credit, multiply the Fire and Allied Lines BASE PREMIUM by the applicable credit shown below.

**NEW HOME CREDITS**

<b>Age of Dwelling</b>	<b>Percent Credit</b>
1 year or less	14%
2 years old	12%
3 years old	10%
4 years old	8%
5 years old	6%
6 years old	4%
7 years old	2%
8 years or older	0%

For the purposes of this credit, the age of the home is calculated by using the following formula:

$$\text{Year of the Policy Effective Date} - \text{Year Built} + 1 = \text{Age of Home}$$

ARKANSAS HOMESAVER

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Premium Credits for New Homes Rule Revision

Proposed Rule

**413. PREMIUM CREDITS FOR NEW HOMES**

- A. The Credits listed below are applicable to Homeowners **FORMS HS 661** and **HS 663** only for dwelling meeting **ALL** of the following criteria:
1. The dwelling is not more than seven years old.
  2. The dwelling is a 1 or 2 family structure (Three or four family dwellings do not qualify.)
  3. One of the following endorsements must apply
    - a. **HS 00 02 BROAD PERILS COVERAGE**;
    - b. **HS 00 03 SPECIAL COVERAGE**; or
    - c. **HS 05 31 MODIFIED LOSS SETTLEMENT**
- B. To determine the Premium Credit, multiply the Fire and Allied Lines BASE PREMIUM by the applicable credit shown below.

**NEW HOME CREDITS**

<b>Age of Dwelling</b>	<b>Percent Credit</b>
1 year or less	16%
2 years old	14%
3 years old	12%
4 years old	10%
5 years old	8%
6 years old	6%
7 years old	4%
8 years or older	0%

For the purposes of this credit, the age of the home is calculated by using the following formula:

$$\text{Year of the Policy Effective Date} - \text{Year Built} + 1 = \text{Age of Home}$$

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**RULE 601.**  
**RESIDENCE PREMISES - BASIC AND INCREASED LIMITS/OTHER EXPOSURES - BASIC LIMITS**

**A. Residence Premises**

1. Coverages E and F under Section II of a Homesaver Policy are available only in conjunction with Section I coverages. They are optional, but Coverage F is available only in conjunction with Coverage E.
2. When the premises is owner-occupied or the policy is issued to an Apartment Renter, Coverage E and F provide Personal Liability and Medical Payments To Others coverage. When the premises is nonowner-occupied, Coverages E and F provide Premises Liability
3. Minimum limits of liability for Coverages E and F are shown in Rule 101. The premium for these limits is NOT included in the BASE PREMIUM. Refer to the tables below for basic and increased limits rates.
4. If increased limits are written, then the same limits must apply to any Other Exposures covered under the policy unless otherwise stated.

**Residence Premises, Forms HS 661,**

Num. of Fam.	Cov. E Limit	Coverage F		
		Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41
2	\$100,000	\$35	\$38	\$42
	\$200,000	\$41	\$44	\$48
	\$300,000	\$46	\$49	\$53
	\$500,000	\$51	\$54	\$58
3	\$100,000	\$57	\$60	\$64
	\$200,000	\$66	\$69	\$73
	\$300,000	\$75	\$78	\$82
	\$500,000	\$83	\$86	\$90
4	\$100,000	\$58	\$61	\$65
	\$200,000	\$67	\$70	\$74
	\$300,000	\$76	\$79	\$83
	\$500,000	\$84	\$87	\$91

**Residence Premises, Forms HS 662**

Num. of Fam.	Cov. E Limit	Coverage F		
		Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**Residence Premises, Forms HS 663:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$10	\$13	\$17
	\$200,000	\$12	\$15	\$19
	\$300,000	\$13	\$16	\$20
	\$500,000	\$15	\$18	\$22
2	\$100,000	\$16	\$19	\$23
	\$200,000	\$19	\$22	\$26
	\$300,000	\$21	\$24	\$28
	\$500,000	\$23	\$26	\$30
3	\$100,000	\$28	\$31	\$35
	\$200,000	\$32	\$35	\$39
	\$300,000	\$36	\$39	\$43
	\$500,000	\$40	\$43	\$47
4	\$100,000	\$30	\$33	\$37
	\$200,000	\$35	\$38	\$42
	\$300,000	\$39	\$42	\$46
	\$500,000	\$43	\$50	\$50

**Residence Premises, Forms HS 664:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$10	\$13	\$17
	\$200,000	\$12	\$15	\$19
	\$300,000	\$13	\$16	\$20
	\$500,000	\$15	\$18	\$22

**Residence Premises, Forms HS 665:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$24	\$27	\$31
	\$200,000	\$27	\$30	\$34
	\$300,000	\$31	\$34	\$38
	\$500,000	\$34	\$37	\$41

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Current Rule

**B. Other Exposures**

1. There is an additional charge for Other Exposures listed in the following rules.
2. The minimum limits for Other Exposures are the same as the limits for the Residence Premises unless otherwise indicated.
3. For increased limits for Other Exposures, see rates below.
4. If increased limits are written, the same limits must apply to the Residence Premises unless otherwise stated.

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THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**RULE 601.**  
**RESIDENCE PREMISES - BASIC AND INCREASED LIMITS/OTHER EXPOSURES - BASIC LIMITS**

**A. Residence Premises**

1. Coverages E and F under Section II of a Homesaver Policy are available only in conjunction with Section I coverages. They are optional, but Coverage F is available only in conjunction with Coverage E.
2. When the premises is owner-occupied or the policy is issued to an Apartment Renter, Coverage E and F provide Personal Liability and Medical Payments To Others coverage. When the premises is nonowner-occupied, Coverages E and F provide Premises Liability
3. Minimum limits of liability for Coverages E and F are shown in Rule 101. The premium for these limits is NOT included in the BASE PREMIUM. Refer to the tables below for basic and increased limits rates.
4. If increased limits are written, then the same limits must apply to any Other Exposures covered under the policy unless otherwise stated.

**Residence Premises, Forms HS 661:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48
2	\$100,000	\$40	\$44	\$49
	\$200,000	\$47	\$51	\$56
	\$300,000	\$53	\$57	\$62
	\$500,000	\$59	\$63	\$68
3	\$100,000	\$66	\$70	\$75
	\$200,000	\$76	\$80	\$85
	\$300,000	\$86	\$90	\$95
	\$500,000	\$95	\$99	\$104
4	\$100,000	\$67	\$71	\$76
	\$200,000	\$77	\$81	\$86
	\$300,000	\$87	\$91	\$96
	\$500,000	\$97	\$101	\$106

**Residence Premises, Forms HS 662:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**Residence Premises, Forms HS 663:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
1	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26
2	\$100,000	\$18	\$22	\$27
	\$200,000	\$22	\$26	\$31
	\$300,000	\$24	\$28	\$33
	\$500,000	\$26	\$30	\$35
3	\$100,000	\$32	\$36	\$41
	\$200,000	\$37	\$41	\$46
	\$300,000	\$41	\$45	\$50
	\$500,000	\$46	\$50	\$55
4	\$100,000	\$35	\$39	\$44
	\$200,000	\$40	\$44	\$49
	\$300,000	\$45	\$49	\$54
	\$500,000	\$49	\$53	\$58

**Residence Premises, Forms HS 664:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$12	\$16	\$21
	\$200,000	\$14	\$18	\$23
	\$300,000	\$15	\$19	\$24
	\$500,000	\$17	\$21	\$26

**Residence Premises, Forms HS 665:**

Num. of Fam.	Cov. E Limit	Coverage F Medical Payments		
		1,000	2,000	5,000
All	\$100,000	\$28	\$32	\$37
	\$200,000	\$31	\$35	\$40
	\$300,000	\$36	\$40	\$45
	\$500,000	\$39	\$43	\$48

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Residence Premises - Basic and Increased Limits/Other Exposures - Basic Limits Rule Revision  
All Policy Forms  
Proposed Rule

**B. Other Exposures**

1. There is an additional charge for Other Exposures listed in the following rules.
2. The minimum limits for Other Exposures are the same as the limits for the Residence Premises unless otherwise indicated.
3. For increased limits for Other Exposures, see rates below.
4. If increased limits are written, the same limits must apply to the Residence Premises unless otherwise stated.

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Other Exposures - Personal Liability Increase Limits Rule Revision  
All Policy Forms  
Current Rule

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**RULE 701.**

**OTHER EXPOSURES - PERSONAL LIABILITY INCREASED LIMITS**

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Apply the appropriate factor shown below to the basic limits premium for each exposure.

<b>Limit</b>	<b>Factor</b>
\$200,000	1.15
\$300,000	1.35
\$500,000	1.50

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Other Exposures - Personal Liability Increase Limits Rule Revision  
All Policy Forms  
Proposed Rule

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**RULE 701.**

**OTHER EXPOSURES - PERSONAL LIABILITY INCREASED LIMITS**

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Apply the appropriate factor shown below to the basic limits premium for each exposure.

<b>Limit</b>	<b>Factor</b>
\$200,000	1.27
\$300,000	1.49
\$500,000	1.65

SERFF Tracking Number: TRVA-126625224 State: Arkansas  
 First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
 Connecticut, ...  
 Company Tracking Number: 2010-05-0047  
 TOI: 30.1 Dwelling Fire/Personal Liability Sub-TOI: 30.1000 Dwelling Fire/Personal Liability  
 Product Name: Homesaver  
 Project Name/Number: /

## Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/28/2010		Supporting NAIC loss cost data entry document Document	07/22/2010	AR AAI RF-1-HS revised 05282010.pdf AR TIA RF-1-HS revised 05282010.pdf
05/12/2010		Supporting NAIC loss cost data entry document Document	05/28/2010	AR AAI RF-1-HS.pdf (Superseded) AR TIA RF-1-HS.pdf (Superseded)

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking # 2010-05-0047	
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	

		Company Name	Company NAIC Number	
3.	A.	The Automobile Insurance Company of Hartford, Connecticut	B.	3548-19062

		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.	Property	B.	Personal Property

(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
Homesaver Forms	24.93%	13.04%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	13.04%					

6. 5 Year History		Rate Change History						7.	
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2009	2,445	16.1%	7/31/2009	1,690	658	38.9%	34.0%	A. Total Production Expense	16.1%
2008	2,076	5.3%	6/13/2008	1,322	839	63.5%	35.7%	B. General Expense & Other Acquisition	10.2%
2007	1,773			1,052	467	44.4%	36.9%	C. Taxes, License & Fees	3.1%
2006	1,611			887	388	43.7%	34.2%	D. Underwriting Profit & Contingencies	11.8%
2005	1,433			752	378	50.3%	35.0%	E. Other (explain)	
* Based on Earned Exposure counts								F. TOTAL	41.1%

8.	N/A	Apply Loss Cost Factors to Future Filings? (Y or N)	
9.	19.91%	Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable):	33
10.	N/A	Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):	N/A

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # 2010-05-0047

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	The Travelers Indemnity Company of America	B.	3548-25666

		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.	Property	B.	Personal Property

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
Homesaver Forms	24.93%	12.09%					
<b>TOTAL OVERALL EFFECT</b>	24.93%	12.09%					

6. 5 Year History			Rate Change History					7.	
Year	Policy Count*	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2009	42	17.2%	7/31/2009	31	0	0.0%	34.0%	A. Total Production Expense	16.1%
2008	24	0.0%	6/13/2008	17	0	0.0%	35.7%	B. General Expense & Other Acquisition	10.2%
2007	15			12	0	0.0%	36.9%	C. Taxes, License & Fees	3.1%
2006	8			6	0	0.0%	34.2%	D. Underwriting Profit & Contingencies	11.8%
2005	5			5	0	0.0%	35.0%	E. Other (explain)	
								F. TOTAL	41.1%

\* Based on Earned Exposure counts

8. N/A Apply Loss Cost Factors to Future Filings? (Y or N)

9. 18.84% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 32

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A