

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Legacy Homeowners
Project Name/Number: 568730/

Filing at a Glance

Companies: The Automobile Insurance Company of Hartford, Connecticut
The Standard Fire Insurance Company
The Travelers Indemnity Company of America
Product Name: Legacy Homeowners
State: Arkansas
TOI: 04.0 Homeowners
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Filing Type: Rate
Date Submitted: 05/09/2013
SERFF Tr Num: TRVA-129008810
SERFF Status: Closed-Filed
State Tr Num:
State Status:
Co Tr Num: 2013-05-0004
Effective Date 06/04/2013
Requested (New):
Effective Date 07/24/2013
Requested (Renewal):
Author(s): Frank Roback, Jaime Jewett, Jennifer Graves
Reviewer(s): Becky Harrington (primary)
Disposition Date: 05/29/2013
Disposition Status: Filed
Effective Date (New): 06/04/2013
Effective Date (Renewal): 07/24/2013

State Filing Description:
referred to Commissioner 5/15/13

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

General Information

Project Name: 568730 Status of Filing in Domicile:
 Project Number: Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 05/29/2013
 State Status Changed: 05/16/2013 Deemer Date:
 Created By: Jennifer Graves Submitted By: Jennifer Graves
 Corresponding Filing Tracking Number: 2013-05-0004

Filing Description:
 With this filing we are making revisions as detailed in the accompanying documentation.

Company and Contact

Filing Contact Information

Jennifer Graves, Regulatory Analyst jagraves@travelers.com
 1 Tower Sq. 860-277-7775 [Phone]
 Hartford, CT 06183

Filing Company Information

The Automobile Insurance Company of Hartford, Connecticut One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 19062 Group Code: 3548 Group Name: Travelers FEIN Number: 06-0848755	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
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The Standard Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 19070 Group Code: 3548 Group Name: Travelers FEIN Number: 06-6033509	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
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The Travelers Indemnity Company of America One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: Travelers FEIN Number: 58-6020487	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Fee is \$100.00 per rate filing.

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Per Company: No

Company	Amount	Date Processed	Transaction #
The Automobile Insurance Company of Hartford, Connecticut	\$100.00	05/09/2013	70123659

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/29/2013	05/29/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	05/16/2013	05/16/2013
No response necessary	Becky Harrington	05/15/2013	05/15/2013
Pending Industry Response	Becky Harrington	05/10/2013	05/10/2013

Response Letters

Responded By	Created On	Date Submitted
Jennifer Graves	05/28/2013	05/28/2013
Jennifer Graves	05/13/2013	05/13/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Attachments	Note To Filer	Becky Harrington	05/29/2013	05/29/2013

State: Arkansas
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 Product Name: Legacy Homeowners
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Disposition

Disposition Date: 05/29/2013
 Effective Date (New): 06/04/2013
 Effective Date (Renewal): 07/24/2013
 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 req'd):	Minimum % Change (where req'd):
The Automobile Insurance Company of Hartford, Connecticut	%	9.520%	\$12,207	66	\$128,220	10.390%	%
The Standard Fire Insurance Company	%	9.810%	\$636,746	3,887	\$6,490,784	10.450%	%
The Travelers Indemnity Company of America	%	10.020%	\$3,366	15	\$33,589	10.310%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 9.800%
 Overall Percentage Rate Impact For This Filing 11.000%
 Effect of Rate Filing-Written Premium Change For This Program \$652,319
 Effect of Rate Filing - Number of Policyholders Affected 3,968

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	Yes
Supporting Document (revised)	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	H-1 Homeowners Abstract		Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes

SERFF Tracking #:

TRVA-129008810

State Tracking #:**Company Tracking #:**

2013-05-0004

State: Arkansas**First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...**TOI/Sub-TOI:** 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations**Product Name:** Legacy Homeowners**Project Name/Number:** 568730/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document (revised)	FILING PACKAGE	Filed	Yes
Supporting Document	FILING PACKAGE		Yes
Rate	BASE RATES	Filed	Yes
Rate	BASE RATES	Filed	Yes

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/16/2013
Submitted Date	05/16/2013
Respond By Date	

Dear Jennifer Graves,

Introduction:

The requested increase has been reviewed by the Commissioner.

Please amend the overall increase to 10%.

Provide revised forms as necessary. Indicate revised effective dates if needed.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Arkansas does not allow the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Objection Letter

Objection Letter Status	No response necessary
Objection Letter Date	05/15/2013
Submitted Date	05/15/2013
Respond By Date	

Dear Jennifer Graves,

Introduction:

This will acknowledge receipt of the recent response.

This filing is being referred to the Commissioner for review due to the requested increase amount being greater than 6%. Please do not respond at this time.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Arkansas does not allow the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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Sincerely,

Becky Harrington

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TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/10/2013
Submitted Date	05/10/2013
Respond By Date	

Dear Jennifer Graves,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Please advise if this program is closed for new business in all three companies.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Arkansas does not allow the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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

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TRVA-129008810

State Tracking #:

Company Tracking #:

2013-05-0004

State:

Arkansas

First Filing Company:

The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

Legacy Homeowners

Project Name/Number:

568730/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/28/2013
Submitted Date	05/28/2013

Dear Becky Harrington,

Introduction:

Dear Ms. Harrington,

Attached please find our response to your 05/16/2013 inquiry. Thank you for allowing us the 06/04/2013 effective date based on our phone call on 05/20/2013 as a follow up to your response to our homeowners filing SERFF tracking #: TRVA-129026664, company tracking #: 2013-05-0051) with the same effective date.

Response 1

Comments:

Updated documentation has been placed under the Supporting Documentation tab and as a Post Submission Update.

Changed Items:

SERFF Tracking #:

TRVA-129008810

State Tracking #:

Company Tracking #:

2013-05-0004

State: Arkansas

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Supporting Document Schedule Item Changes

Satisfied - Item:	H-1 Homeowners Abstract
Comments:	PLEASE SEE ATTACHED
Attachment(s):	H-1 - AAI.pdf H-1 - TIA.pdf H-1 - ASF.pdf H-1 - TIA.pdf H-1 - ASF.pdf H-1 - AAI.pdf

Previous Version

Satisfied - Item:	<i>H-1 Homeowners Abstract</i>
Comments:	<i>PLEASE SEE ATTACHED</i>
Attachment(s):	<i>H-1 - AAI.pdf H-1 - ASF.pdf H-1 - TIA.pdf</i>

Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	PLEASE SEE ATTACHED

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Legacy Homeowners
Project Name/Number: 568730/

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

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<i>Previous Version</i>	
Satisfied - Item:	<i>HPCS-Homeowners Premium Comparison Survey</i>
Comments:	<i>PLEASE SEE ATTACHED</i>
Attachment(s):	<i>AR HOSurvey-HPCS- AICH.pdf</i> <i>AR HOSurvey-HPCS- SFI.xls</i> <i>AR HOSurvey-HPCS- TIA.pdf</i> <i>AR HOSurvey-HPCS- SFI.pdf</i> <i>AR HOSurvey-HPCS- AICH.xls</i> <i>AR HOSurvey-HPCS- TIA.xls</i>
Satisfied - Item:	NAIC loss cost data entry document
Comments:	PLEASE SEE ATTACHED.

SERFF Tracking #:

TRVA-129008810

State Tracking #:

Company Tracking #:

2013-05-0004

State: Arkansas

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Attachment(s):	RF1 - AAI.pdf RF1 - ASF.pdf RF1 - TIA.pdf RF1 - TIA.pdf RF1 - AAI.pdf RF1 - AAI.xls RF1 - ASF.pdf RF1 - ASF.xls RF1 - TIA.xls
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Previous Version

Satisfied - Item:	<i>NAIC loss cost data entry document</i>
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Comments:	<i>PLEASE SEE ATTACHED.</i>
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Attachment(s):	<i>RF1 - AAI.pdf RF1 - ASF.pdf RF1 - TIA.pdf</i>
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Satisfied - Item:	FILING PACKAGE
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Comments:	PLEASE SEE ATTACHED.
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Attachment(s):	AR LEG Home 5-24-13_Ver 2.pdf AR LEG Home 6-4-13_Ver 3.pdf
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Previous Version

Satisfied - Item:	<i>FILING PACKAGE</i>
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Comments:	<i>PLEASE SEE ATTACHED.</i>
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Attachment(s):	<i>AR LEG Home 5-24-13_Ver 2.pdf</i>
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TRVA-129008810

State Tracking #:

Company Tracking #:

2013-05-0004

State: Arkansas

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First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

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Comments:	<i>PLEASE SEE ATTACHED</i>
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TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
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Comments:	<i>PLEASE SEE ATTACHED.</i>
Attachment(s):	<i>AR LEG Home 5-24-13_Ver 2.pdf</i>

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TRVA-129008810

State Tracking #:

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2013-05-0004

State: Arkansas

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Supporting Document Schedule Item Changes

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No Form Schedule items changed.

SERFF Tracking #:

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State Tracking #:

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Product Name: Legacy Homeowners

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Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	BASE RATES	ARRA-1-ARRA-6	Replacement		05/28/2013 By: Jennifer Graves

Conclusion:

Thank you for your continued interest in our filings.

Sincerely,

Jennifer Graves

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/13/2013
Submitted Date	05/13/2013

Dear Becky Harrington,

Introduction:

Attached is our response to your inquiry dated 05/10/2013.

Response 1

Comments:

This program is closed for new business in all three companies.

Related Objection 1

Comments: Please advise if this program is closed for new business in all three companies.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued interest in our filings.

Sincerely,

Jennifer Graves

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Legacy Homeowners
Project Name/Number: 568730/

Note To Filer

Created By:

Becky Harrington on 05/29/2013 07:55 AM

Last Edited By:

Becky Harrington

Submitted On:

05/29/2013 07:55 AM

Subject:

Attachments

Comments:

Please do not re-attach originals when documents are revised.

Please do not attach zip files.

Please do not attach excel spreadsheets for anything other than the HPCS forms that are required to be in that form.

State: Arkansas **First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Legacy Homeowners
Project Name/Number: 568730/

Post Submission Update Request Processed On 05/29/2013

Status: Allowed
Created By: Jennifer Graves
Processed By: Becky Harrington
Comments: per Dept request

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	06/04/2013	
Effective Date Requested (Renew)	07/24/2013	
Corresponding Filing Tracking Number	2013-05-0004	

Company Rate Information:

Company Name: The Automobile Insurance Company of Hartford, Connecticut

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.520%	10.670%
Written Premium Change for this Program	\$12207	\$13241
Written Premium for this Program	\$128220	\$124100
Maximum %Change (where required)	10.390%	11.600%

Company Name: The Standard Fire Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.810%	11.010%
Written Premium Change for this Program	\$636746	\$691672
Written Premium for this Program	\$6490784	\$6282217
Maximum %Change (where required)	10.450%	11.690%

Company Name: The Travelers Indemnity Company of America

Field Name	Requested Change	Prior Value
Overall % Rate Impact	10.020%	11.250%
Written Premium Change for this Program	\$3366	\$3657
Written Premium for this Program	\$33589	\$32510
Maximum %Change (where required)	10.310%	11.500%

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Indicated For This Filing	9.800%	

State: Arkansas

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Rate Information

Rate data applies to filing.

Filing Method: FILE & USE

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 15.400%

Effective Date of Last Rate Revision: 06/11/2012

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 req'd):	Minimum % Change (where req'd):
The Automobile Insurance Company of Hartford, Connecticut	%	9.520%	\$12,207	66	\$128,220	10.390%	%
The Standard Fire Insurance Company	%	9.810%	\$636,746	3,887	\$6,490,784	10.450%	%
The Travelers Indemnity Company of America	%	10.020%	\$3,366	15	\$33,589	10.310%	%

SERFF Tracking #:

TRVA-129008810

State Tracking #:

Company Tracking #:

2013-05-0004

State: Arkansas

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Filed 05/29/2013	BASE RATES	ARRA-1-ARRA-6	Replacement		3RHO5RA.pdf

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
1	1,362	1,783	2,158	3,237
2	1,292	1,693	2,086	3,129
3	1,131	1,482	1,790	2,688
4	804	1,052	1,294	1,943
5	1,112	1,459	1,794	2,693
6	813	1,066	1,313	1,969
7	785	1,029	1,268	1,901
8	1,112	1,459	1,794	2,693
9	1,152	1,508	1,826	2,739
10	1,262	1,653	2,089	3,134
11	1,173	1,536	1,859	2,788
12	1,121	1,465	1,805	2,709
13	1,238	1,623	1,999	2,999
14	1,175	1,536	1,943	2,917
15	859	1,126	1,385	2,079
16	1,499	1,960	2,371	3,556
17	1,372	1,796	2,271	3,405
18	1,507	1,975	2,384	3,578
19	1,152	1,508	1,826	2,739
20	1,292	1,693	2,086	3,129
21	1,119	1,466	1,773	2,660
22	819	1,075	1,297	1,950
23	859	1,126	1,385	2,079
24	1,138	1,493	1,838	2,757
25	1,162	1,521	1,840	2,761
26	767	1,007	1,237	1,860
27	1,198	1,570	1,936	2,904
28	1,207	1,579	1,905	2,862
29	1,262	1,653	2,089	3,134
33	1,198	1,568	1,981	2,973
37	1,111	1,454	1,760	2,640
38	1,313	1,720	2,080	3,121
39	1,270	1,665	2,014	3,019
40	1,262	1,650	2,086	3,129
44	1,322	1,728	2,185	3,278
45	1,286	1,679	2,032	3,047
46	1,152	1,508	1,826	2,739
47	1,247	1,628	2,061	3,093
48	1,207	1,581	1,999	2,998
49	1,400	1,836	2,259	3,391
50	944	1,236	1,494	2,242
51	1,112	1,459	1,794	2,693
52	1,112	1,459	1,794	2,693
53	1,427	1,869	2,363	3,543
54	1,610	2,111	2,550	3,825

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
55	1,152	1,508	1,826	2,739
56	1,184	1,553	1,912	2,869
57	1,207	1,581	1,999	2,998
58	1,138	1,493	1,838	2,757
59	764	1,001	1,263	1,896
60	837	1,096	1,351	2,027
61	1,162	1,525	1,842	2,763
62	1,316	1,724	2,182	3,271
63	1,152	1,508	1,826	2,739
64	1,351	1,770	2,176	3,268
65	1,138	1,493	1,838	2,757
66	1,152	1,508	1,826	2,739
67	912	1,194	1,469	2,203
68	1,322	1,728	2,089	3,134
69	1,195	1,563	1,892	2,836
70	910	1,194	1,469	2,201
71	1,175	1,534	1,892	2,838
72	1,184	1,553	1,912	2,869
73	1,186	1,551	1,912	2,870
74	1,207	1,581	1,999	2,998
75	1,111	1,454	1,760	2,640
76	1,238	1,623	1,999	2,999
77	867	1,134	1,435	2,152
78	1,022	1,334	1,645	2,468
79	766	1,001	1,268	1,900
80	1,064	1,392	1,681	2,526
81	1,152	1,508	1,826	2,739
82	1,184	1,553	1,912	2,869
83	937	1,226	1,513	2,266
84	901	1,179	1,453	2,177

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
1	164	190	284
2	171	202	301
3	164	190	283
4	158	180	271
5	164	190	283
6	164	190	283
7	164	190	283
8	164	190	283
9	164	190	283
10	164	190	283
11	164	190	283
12	161	188	279
13	164	190	283
14	164	190	283
15	161	188	278
16	177	209	312
17	164	190	283
18	171	201	300
19	164	190	283
20	164	190	283
21	166	190	284
22	164	190	283
23	161	188	278
24	164	190	283
25	164	190	283
26	163	189	281
27	166	190	284
28	164	190	283
29	164	190	283
33	164	190	283
37	159	186	277
38	164	190	283
39	166	191	285
40	167	198	296
44	164	190	283
45	164	190	283
46	164	190	283
47	169	198	295
48	164	190	283
49	164	190	283
50	164	189	283
51	164	190	283
52	164	190	283
53	164	190	283
54	177	209	312

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
55	164	190	283
56	164	190	283
57	158	183	272
58	158	183	272
59	158	183	272
60	158	183	272
61	158	183	272
62	158	183	272
63	172	201	300
64	158	183	272
65	158	183	272
66	159	184	275
67	160	183	275
68	158	183	272
69	172	201	300
70	156	180	267
71	158	183	272
72	158	183	272
73	158	183	272
74	158	183	272
75	158	183	272
76	158	183	272
77	158	183	272
78	158	183	272
79	157	179	268
80	157	180	269
81	158	183	272
82	158	183	272
83	158	183	272
84	164	190	283

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HA-6

Territory	Super Preferred	Preferred	Regular	Near Standard
1	104	129	148	222
2	108	135	156	235
3	104	129	148	222
4	100	123	141	212
5	104	129	148	222
6	104	129	148	222
7	104	129	148	222
8	104	129	148	222
9	104	129	148	222
10	104	129	148	222
11	104	129	148	222
12	103	127	146	219
13	104	129	148	222
14	104	129	148	222
15	103	128	146	219
16	112	139	164	246
17	104	129	148	222
18	109	137	156	235
19	104	129	148	222
20	104	129	148	222
21	104	129	148	222
22	104	129	148	222
23	103	128	146	219
24	104	129	148	222
25	104	129	148	222
26	103	128	147	221
27	104	129	148	222
28	104	129	148	222
29	104	129	148	222
33	104	129	148	222
37	102	125	145	216
38	104	129	148	222
39	105	131	149	222
40	105	131	153	230
44	104	129	148	222
45	104	129	148	222
46	104	129	148	222
47	107	134	153	230
48	104	129	148	222
49	104	129	148	222
50	103	129	147	221
51	104	129	148	222
52	104	129	148	222
53	104	129	148	222
54	112	141	164	246

THE STANDARD FIRE INSURANCE COMPANY

BASE CLASS PREMIUM TABLE: FORM HA-6

Territory	Super Preferred	Preffered	Regular	Near Standard
55	104	129	148	222
56	104	129	148	222
57	101	125	144	215
58	101	125	144	215
59	101	125	144	215
60	101	125	144	215
61	101	125	144	215
62	101	125	144	215
63	109	137	159	238
64	101	125	144	215
65	101	125	144	215
66	102	127	145	215
67	102	128	144	216
68	101	125	144	215
69	109	137	159	238
70	100	123	142	212
71	101	125	144	215
72	101	125	144	215
73	101	125	144	215
74	101	125	144	215
75	101	125	144	215
76	101	125	144	215
77	101	125	144	215
78	101	125	144	215
79	100	124	141	212
80	100	124	143	213
81	101	125	144	215
82	101	125	144	215
83	101	125	144	215
84	104	129	148	222

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Legacy Homeowners
Project Name/Number: 568730/

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

Supporting Document Schedules

Satisfied - Item:	H-1 Homeowners Abstract
Comments:	PLEASE SEE ATTACHED
Attachment(s):	H-1 - AAI.pdf H-1 - TIA.pdf H-1 - ASF.pdf H-1 - TIA.pdf H-1 - ASF.pdf H-1 - AAI.pdf
Item Status:	Filed
Status Date:	05/29/2013

Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	PLEASE SEE ATTACHED
Attachment(s):	AR HOSurvey-HPCS- AICH.pdf AR HOSurvey-HPCS- SFI.xls AR HOSurvey-HPCS- TIA.pdf AR HOSurvey-HPCS- SFI.pdf AR HOSurvey-HPCS- AICH.xls AR HOSurvey-HPCS- TIA.xls AR HOSurvey-HPCS- AAI.zip AR HOSurvey-HPCS- ASF.pdf AR HOSurvey-HPCS- ASF.zip AR HOSurvey-HPCS- AAI.pdf AR HOSurvey-HPCS- TIA.pdf AR HOSurvey-HPCS- TIA.zip
Item Status:	Filed
Status Date:	05/29/2013

SERFF Tracking #:

TRVA-129008810

State Tracking #:**Company Tracking #:**

2013-05-0004

State: Arkansas**TOI/Sub-TOI:** 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations**Product Name:** Legacy Homeowners**Project Name/Number:** 568730/**First Filing Company:** The Automobile Insurance Company of Hartford, Connecticut, ...

Satisfied - Item:	NAIC loss cost data entry document
Comments:	PLEASE SEE ATTACHED.
Attachment(s):	RF1 - AAI.pdf RF1 - ASF.pdf RF1 - TIA.pdf RF1 - TIA.pdf RF1 - AAI.pdf RF1 - AAI.xls RF1 - ASF.pdf RF1 - ASF.xls RF1 - TIA.xls
Item Status:	Filed
Status Date:	05/29/2013

Satisfied - Item:	FILING PACKAGE
Comments:	PLEASE SEE ATTACHED.
Attachment(s):	AR LEG Home 5-24-13_Ver 2.pdf AR LEG Home 6-4-13_Ver 3.pdf
Item Status:	Filed
Status Date:	05/29/2013

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Automobile Insurance Co. of Hartford, CT
 NAIC # (including group #) 3548-19062

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 121,524
HO-4	\$ 2,298
HO-6	\$ 4,398

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No
9. Is there a surcharge on risks with wood heat? No
If yes, state the surcharge N/A
Does the surcharge apply to conventional fire places? No
If yes, state the surcharge N/A

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

Woody Jones
Signature
Woody Jones
Printed Name
Market Director
Title
(860) 277-7775 or (678) 317-7296
Telephone Number
wjones2@travelers.com
Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Travelers Indemnity Company of America
 NAIC # (including group #) 3548-25666

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 33,296
HO-4	\$ 323
HO-6	\$ 0

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge NA

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277-7775 or (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Standard Fire Insurance Company
 NAIC # (including group #) 3548-19070

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 6,402,194
HO-4	\$ 49,824
HO-6	\$ 38,766

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge N/A

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277-7775 or (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Travelers Indemnity Company of America
 NAIC # (including group #) 3548-25666

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 32,197
HO-4	\$ 313
HO-6	\$ 0

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge NA

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277- (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Standard Fire Insurance Company
 NAIC # (including group #) 3548-19070

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 6,196,474
HO-4	\$ 48,223
HO-6	\$ 37,520

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge N/A

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277- (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Automobile Insurance Co. of Hartford, CT
 NAIC # (including group #) 3548-19062

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 117,619
HO-4	\$ 2,224
HO-6	\$ 4,257

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge N/A

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

_____ Signature	
Woody Jones _____ Printed Name	
Market Director _____ Title	
(860) 277- _____ Telephone Number	(678) 317-7296 _____ Telephone Number
wjones2@travelers.com _____ Email Address	

NAIC Number: 25666
 Company Name: The Travelers Indemnity Company of America
 Contact Person: Jennifer Graves
 Telephone No.: 860-277-7775
 Email Address: jagraves@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,189	\$1,345	\$1,681	\$1,899	\$2,225	\$2,516	\$1,775	\$2,007	\$1,664	\$1,880	\$1,348	\$1,523	\$2,217	\$2,506	\$1,794	\$2,027	\$1,378	\$1,558
	\$120,000	\$1,492	\$1,686	\$2,107	\$2,381	\$2,790	\$3,153	\$2,225	\$2,516	\$2,086	\$2,358	\$1,689	\$1,909	\$2,780	\$3,142	\$2,249	\$2,541	\$1,728	\$1,952
	\$160,000	\$1,956	\$2,211	\$2,763	\$3,122	\$3,658	\$4,134	\$2,919	\$3,298	\$2,735	\$3,091	\$2,216	\$2,503	\$3,644	\$4,119	\$2,949	\$3,332	\$2,265	\$2,560
6	\$80,000	\$1,440	\$1,701	\$2,034	\$2,404	\$2,693	\$3,182	\$2,148	\$2,540	\$2,014	\$2,380	\$1,630	\$1,927	\$2,683	\$3,170	\$2,171	\$2,565	\$1,667	\$1,972
	\$120,000	\$1,804	\$2,132	\$2,549	\$3,013	\$3,376	\$3,990	\$2,693	\$3,183	\$2,525	\$2,983	\$2,044	\$2,415	\$3,364	\$3,974	\$2,721	\$3,216	\$2,091	\$2,471
	\$160,000	\$2,366	\$2,796	\$3,343	\$3,952	\$4,427	\$5,231	\$3,532	\$4,175	\$3,311	\$3,911	\$2,681	\$3,167	\$4,410	\$5,211	\$3,568	\$4,217	\$2,742	\$3,240
9	\$80,000	\$3,569	\$4,760	\$5,042	\$6,724	\$6,677	\$8,903	\$5,327	\$7,102	\$4,992	\$6,657	\$4,043	\$5,390	\$6,652	\$8,869	\$5,382	\$7,177	\$4,135	\$5,513
	\$120,000	\$4,474	\$5,966	\$6,321	\$8,428	\$8,370	\$11,160	\$6,676	\$8,903	\$6,258	\$8,344	\$5,068	\$6,757	\$8,338	\$11,118	\$6,747	\$8,996	\$5,183	\$6,911
	\$160,000	\$5,867	\$7,824	\$8,289	\$11,052	\$10,975	\$14,634	\$8,755	\$11,674	\$8,206	\$10,942	\$6,646	\$8,860	\$10,934	\$14,578	\$8,847	\$11,796	\$6,796	\$9,063

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$131	\$148	\$139	\$158	\$153	\$174	\$148	\$166	\$139	\$158	\$134	\$152	\$139	\$158	\$134	\$152	\$134	\$152
	\$25,000	\$203	\$228	\$216	\$244	\$238	\$269	\$228	\$258	\$216	\$244	\$208	\$234	\$216	\$244	\$208	\$234	\$208	\$234
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$159	\$187	\$169	\$200	\$186	\$219	\$179	\$211	\$169	\$200	\$162	\$192	\$169	\$200	\$162	\$192	\$162	\$192
	\$25,000	\$245	\$290	\$261	\$309	\$288	\$340	\$276	\$327	\$261	\$309	\$250	\$297	\$261	\$309	\$250	\$297	\$250	\$297
9	\$5,000	\$134	\$179	\$143	\$191	\$157	\$209	\$151	\$202	\$143	\$191	\$137	\$182	\$143	\$191	\$137	\$182	\$137	\$182
	\$15,000	\$393	\$524	\$419	\$559	\$461	\$615	\$444	\$591	\$419	\$559	\$402	\$536	\$419	\$559	\$402	\$536	\$402	\$536
	\$25,000	\$608	\$811	\$649	\$866	\$713	\$951	\$686	\$916	\$649	\$866	\$622	\$829	\$649	\$866	\$622	\$829	\$622	\$829

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zon %

Zone Brick Frame

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Highest Risk \$ 2.70 \$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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NAIC Number: 19070
 Company Name: The Standard Fire Insurance Company
 Contact Person: Jennifer Graves
 Telephone No.: 860-277-7775
 Email Address: jagraves@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,189	\$1,345	\$1,681	\$1,899	\$2,225	\$2,516	\$1,775	\$2,007	\$1,664	\$1,880	\$1,348	\$1,523	\$2,217	\$2,506	\$1,794	\$2,027	\$1,378	\$1,558
	\$120,000	\$1,492	\$1,686	\$2,107	\$2,381	\$2,790	\$3,153	\$2,225	\$2,516	\$2,086	\$2,358	\$1,689	\$1,909	\$2,780	\$3,142	\$2,249	\$2,541	\$1,728	\$1,952
	\$160,000	\$1,956	\$2,211	\$2,763	\$3,122	\$3,658	\$4,134	\$2,919	\$3,298	\$2,735	\$3,091	\$2,216	\$2,503	\$3,644	\$4,119	\$2,949	\$3,332	\$2,265	\$2,560
6	\$80,000	\$1,440	\$1,701	\$2,034	\$2,404	\$2,693	\$3,182	\$2,148	\$2,540	\$2,014	\$2,380	\$1,630	\$1,927	\$2,683	\$3,170	\$2,171	\$2,565	\$1,667	\$1,972
	\$120,000	\$1,804	\$2,132	\$2,549	\$3,013	\$3,376	\$3,990	\$2,693	\$3,183	\$2,525	\$2,983	\$2,044	\$2,415	\$3,364	\$3,974	\$2,721	\$3,216	\$2,091	\$2,471
	\$160,000	\$2,366	\$2,796	\$3,343	\$3,952	\$4,427	\$5,231	\$3,532	\$4,175	\$3,311	\$3,911	\$2,681	\$3,167	\$4,410	\$5,211	\$3,568	\$4,217	\$2,742	\$3,240
9	\$80,000	\$3,569	\$4,760	\$5,042	\$6,724	\$6,677	\$8,903	\$5,327	\$7,102	\$4,992	\$6,657	\$4,043	\$5,390	\$6,652	\$8,869	\$5,382	\$7,177	\$4,135	\$5,513
	\$120,000	\$4,474	\$5,966	\$6,321	\$8,428	\$8,370	\$11,160	\$6,676	\$8,903	\$6,258	\$8,344	\$5,068	\$6,757	\$8,338	\$11,118	\$6,747	\$8,996	\$5,183	\$6,911
	\$160,000	\$5,867	\$7,824	\$8,289	\$11,052	\$10,975	\$14,634	\$8,755	\$11,674	\$8,206	\$10,942	\$6,646	\$8,860	\$10,934	\$14,578	\$8,847	\$11,796	\$6,796	\$9,063

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$131	\$148	\$139	\$158	\$153	\$174	\$148	\$166	\$139	\$158	\$134	\$152	\$139	\$158	\$134	\$152	\$134	\$152
	\$25,000	\$203	\$228	\$216	\$244	\$238	\$269	\$228	\$258	\$216	\$244	\$208	\$234	\$216	\$244	\$208	\$234	\$208	\$234
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$159	\$187	\$169	\$200	\$186	\$219	\$179	\$211	\$169	\$200	\$162	\$192	\$169	\$200	\$162	\$192	\$162	\$192
	\$25,000	\$245	\$290	\$261	\$309	\$288	\$340	\$276	\$327	\$261	\$309	\$250	\$297	\$261	\$309	\$250	\$297	\$250	\$297
9	\$5,000	\$134	\$179	\$143	\$191	\$157	\$209	\$151	\$202	\$143	\$191	\$137	\$182	\$143	\$191	\$137	\$182	\$137	\$182
	\$15,000	\$393	\$524	\$419	\$559	\$461	\$615	\$444	\$591	\$419	\$559	\$402	\$536	\$419	\$559	\$402	\$536	\$402	\$536
	\$25,000	\$608	\$811	\$649	\$866	\$713	\$951	\$686	\$916	\$649	\$866	\$622	\$829	\$649	\$866	\$622	\$829	\$622	\$829

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone: Brick Frame

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

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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NAIC Number: _____
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$711	\$804	\$1,050	\$1,186	\$1,391	\$1,573	\$1,109	\$1,253	\$1,039	\$1,173	\$804	\$910	\$1,324	\$1,497	\$1,101	\$1,243	\$846	\$957
	\$120,000	\$891	\$1,007	\$1,316	\$1,487	\$1,744	\$1,971	\$1,390	\$1,571	\$1,302	\$1,470	\$1,009	\$1,140	\$1,660	\$1,877	\$1,380	\$1,559	\$1,061	\$1,200
	\$160,000	\$1,058	\$1,197	\$1,563	\$1,766	\$2,072	\$2,341	\$1,652	\$1,866	\$1,546	\$1,747	\$1,198	\$1,355	\$1,972	\$2,229	\$1,638	\$1,852	\$1,261	\$1,425
6	\$80,000	\$860	\$1,016	\$1,270	\$1,501	\$1,683	\$1,990	\$1,342	\$1,587	\$1,256	\$1,485	\$974	\$1,151	\$1,603	\$1,894	\$1,332	\$1,574	\$1,025	\$1,210
	\$120,000	\$1,079	\$1,274	\$1,593	\$1,881	\$2,110	\$2,494	\$1,682	\$1,988	\$1,575	\$1,862	\$1,220	\$1,442	\$2,009	\$2,374	\$1,669	\$1,973	\$1,284	\$1,517
	\$160,000	\$1,281	\$1,513	\$1,891	\$2,234	\$2,507	\$2,963	\$1,998	\$2,361	\$1,871	\$2,211	\$1,449	\$1,714	\$2,387	\$2,820	\$1,982	\$2,343	\$1,526	\$1,802
9	\$80,000	\$2,132	\$2,844	\$3,149	\$4,199	\$4,174	\$5,565	\$3,328	\$4,436	\$3,115	\$4,154	\$2,414	\$3,219	\$3,973	\$5,298	\$3,302	\$4,404	\$2,540	\$3,386
	\$120,000	\$2,674	\$3,565	\$3,948	\$5,264	\$5,232	\$6,976	\$4,171	\$5,561	\$3,906	\$5,207	\$3,026	\$4,034	\$4,981	\$6,641	\$4,139	\$5,520	\$3,183	\$4,245
	\$160,000	\$3,175	\$4,234	\$4,689	\$6,251	\$6,214	\$8,285	\$4,954	\$6,605	\$4,639	\$6,185	\$3,594	\$4,792	\$5,915	\$7,888	\$4,916	\$6,556	\$3,781	\$5,041

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

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

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zon %

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

Zone	Brick	Frame
Highest Risk	\$ 2.70	\$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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I

NAIC Number: _____
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$661	\$748	\$977	\$1,103	\$1,294	\$1,463	\$1,031	\$1,165	\$966	\$1,091	\$748	\$846	\$1,231	\$1,392	\$1,024	\$1,156	\$787	\$890
	\$120,000	\$829	\$937	\$1,224	\$1,383	\$1,622	\$1,833	\$1,293	\$1,461	\$1,211	\$1,367	\$938	\$1,060	\$1,544	\$1,746	\$1,283	\$1,450	\$987	\$1,116
	\$160,000	\$984	\$1,113	\$1,454	\$1,642	\$1,927	\$2,177	\$1,536	\$1,735	\$1,438	\$1,625	\$1,114	\$1,260	\$1,834	\$2,073	\$1,523	\$1,722	\$1,173	\$1,325
6	\$80,000	\$800	\$945	\$1,181	\$1,396	\$1,565	\$1,851	\$1,248	\$1,476	\$1,168	\$1,381	\$906	\$1,070	\$1,491	\$1,761	\$1,239	\$1,464	\$953	\$1,125
	\$120,000	\$1,003	\$1,185	\$1,481	\$1,749	\$1,962	\$2,319	\$1,564	\$1,849	\$1,465	\$1,732	\$1,135	\$1,341	\$1,868	\$2,208	\$1,552	\$1,835	\$1,194	\$1,411
	\$160,000	\$1,191	\$1,407	\$1,759	\$2,078	\$2,332	\$2,756	\$1,858	\$2,196	\$1,740	\$2,056	\$1,348	\$1,594	\$2,220	\$2,623	\$1,843	\$2,179	\$1,419	\$1,676
9	\$80,000	\$1,983	\$2,645	\$2,929	\$3,905	\$3,882	\$5,175	\$3,095	\$4,125	\$2,897	\$3,863	\$2,245	\$2,994	\$3,695	\$4,927	\$3,071	\$4,096	\$2,362	\$3,149
	\$120,000	\$2,487	\$3,315	\$3,672	\$4,896	\$4,866	\$6,488	\$3,879	\$5,172	\$3,633	\$4,843	\$2,814	\$3,752	\$4,632	\$6,176	\$3,849	\$5,134	\$2,960	\$3,948
	\$160,000	\$2,953	\$3,938	\$4,361	\$5,813	\$5,779	\$7,705	\$4,607	\$6,143	\$4,314	\$5,752	\$3,342	\$4,457	\$5,501	\$7,336	\$4,572	\$6,097	\$3,516	\$4,688

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

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

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zon %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Zone Highest Risk \$ Brick 2.70 \$ Frame 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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NAIC Number:
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
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**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$864	\$977	\$1,279	\$1,446	\$1,692	\$1,912	\$1,349	\$1,524	\$1,266	\$1,430	\$979	\$1,106	\$1,613	\$1,823	\$1,339	\$1,513	\$1,031	\$1,164
	\$120,000	\$1,083	\$1,224	\$1,603	\$1,812	\$2,120	\$2,397	\$1,691	\$1,910	\$1,587	\$1,793	\$1,228	\$1,387	\$2,022	\$2,285	\$1,678	\$1,896	\$1,292	\$1,460
	\$160,000	\$1,286	\$1,454	\$1,905	\$2,152	\$2,518	\$2,847	\$2,009	\$2,269	\$1,884	\$2,130	\$1,457	\$1,646	\$2,401	\$2,715	\$1,993	\$2,252	\$1,535	\$1,734
6	\$80,000	\$1,045	\$1,235	\$1,548	\$1,829	\$2,047	\$2,419	\$1,632	\$1,930	\$1,531	\$1,810	\$1,184	\$1,401	\$1,951	\$2,307	\$1,620	\$1,915	\$1,247	\$1,474
	\$120,000	\$1,310	\$1,548	\$1,940	\$2,292	\$2,566	\$3,034	\$2,046	\$2,418	\$1,920	\$2,267	\$1,484	\$1,755	\$2,447	\$2,892	\$2,031	\$2,400	\$1,563	\$1,847
	\$160,000	\$1,556	\$1,840	\$2,305	\$2,723	\$3,049	\$3,602	\$2,430	\$2,872	\$2,280	\$2,693	\$1,763	\$2,084	\$2,906	\$3,434	\$2,411	\$2,850	\$1,857	\$2,193
9	\$80,000	\$2,592	\$3,456	\$3,837	\$5,117	\$5,075	\$6,767	\$4,047	\$5,396	\$3,796	\$5,061	\$2,936	\$3,915	\$4,840	\$6,453	\$4,017	\$5,356	\$3,092	\$4,122
	\$120,000	\$3,249	\$4,332	\$4,811	\$6,414	\$6,362	\$8,483	\$5,073	\$6,765	\$4,759	\$6,344	\$3,681	\$4,909	\$6,066	\$8,088	\$5,035	\$6,713	\$3,875	\$5,168
	\$160,000	\$3,859	\$5,146	\$5,714	\$7,618	\$7,556	\$10,075	\$6,025	\$8,034	\$5,652	\$7,536	\$4,372	\$5,829	\$7,205	\$9,608	\$5,980	\$7,973	\$4,604	\$6,138

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$125	\$125	\$125	\$125	\$125	\$133	\$125	\$129	\$125	\$126	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$25,000	\$166	\$183	\$173	\$192	\$186	\$206	\$181	\$201	\$175	\$194	\$166	\$184	\$173	\$192	\$166	\$184	\$168	\$187
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$136	\$137	\$142	\$142	\$153	\$154	\$149	\$150	\$143	\$144	\$137	\$138	\$142	\$142	\$137	\$138	\$139	\$140
	\$25,000	\$210	\$211	\$219	\$221	\$237	\$240	\$230	\$232	\$222	\$223	\$211	\$212	\$219	\$221	\$211	\$212	\$214	\$216
9	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$177	\$187	\$184	\$195	\$199	\$211	\$193	\$205	\$187	\$198	\$178	\$189	\$184	\$195	\$178	\$189	\$179	\$191
	\$25,000	\$272	\$289	\$286	\$302	\$308	\$327	\$299	\$317	\$288	\$307	\$275	\$292	\$286	\$302	\$275	\$292	\$278	\$295

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zon %

Zone Brick Frame

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Highest Risk \$ 2.70 \$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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I

NAIC Number: 19062
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Jennifer Graves
 Telephone No.: 860-277-7775
 Email Address: jagraves@travelers.com
 Effective Date: 7/13/2013

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

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
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Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,640	\$1,853	\$2,320	\$2,622	\$3,070	\$3,468	\$2,448	\$2,767	\$2,296	\$2,595	\$1,858	\$2,099	\$3,058	\$3,456	\$2,478	\$2,799	\$1,902	\$2,148
	\$120,000	\$2,056	\$2,323	\$2,909	\$3,286	\$3,848	\$4,348	\$3,069	\$3,467	\$2,878	\$3,253	\$2,329	\$2,631	\$3,833	\$4,332	\$3,105	\$3,509	\$2,384	\$2,693
	\$160,000	\$2,696	\$3,047	\$3,814	\$4,309	\$5,045	\$5,701	\$4,024	\$4,548	\$3,774	\$4,265	\$3,053	\$3,450	\$5,027	\$5,680	\$4,072	\$4,601	\$3,125	\$3,532
6	\$80,000	\$1,984	\$2,345	\$2,807	\$3,317	\$3,713	\$4,390	\$2,962	\$3,501	\$2,779	\$3,283	\$2,248	\$2,656	\$3,700	\$4,373	\$2,997	\$3,542	\$2,302	\$2,719
	\$120,000	\$2,488	\$2,940	\$3,518	\$4,159	\$4,656	\$5,502	\$3,713	\$4,388	\$3,483	\$4,116	\$2,818	\$3,329	\$4,639	\$5,481	\$3,758	\$4,441	\$2,885	\$3,408
	\$160,000	\$3,262	\$3,855	\$4,614	\$5,454	\$6,105	\$7,215	\$4,869	\$5,753	\$4,567	\$5,398	\$3,694	\$4,365	\$6,083	\$7,188	\$4,928	\$5,823	\$3,782	\$4,469
9	\$80,000	\$4,921	\$6,560	\$6,961	\$9,280	\$9,209	\$12,278	\$7,344	\$9,792	\$6,889	\$9,185	\$5,573	\$7,431	\$9,174	\$12,233	\$7,432	\$9,909	\$6,705	\$7,606
	\$120,000	\$6,168	\$8,223	\$8,725	\$11,633	\$11,543	\$15,390	\$9,206	\$12,274	\$8,634	\$11,512	\$6,985	\$9,314	\$11,500	\$15,334	\$9,316	\$12,421	\$7,151	\$9,534
	\$160,000	\$8,087	\$10,783	\$11,442	\$15,255	\$15,136	\$20,182	\$12,071	\$16,095	\$11,323	\$15,097	\$9,160	\$12,214	\$15,081	\$20,108	\$12,216	\$16,288	\$9,376	\$12,503

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$182	\$203	\$193	\$214	\$213	\$235	\$204	\$227	\$193	\$215	\$185	\$206	\$193	\$214	\$185	\$206	\$187	\$207
	\$25,000	\$283	\$313	\$299	\$330	\$328	\$365	\$316	\$351	\$299	\$332	\$286	\$318	\$299	\$330	\$286	\$318	\$289	\$322
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$232	\$233	\$245	\$246	\$270	\$272	\$259	\$261	\$246	\$247	\$235	\$237	\$245	\$246	\$235	\$237	\$238	\$240
	\$25,000	\$358	\$361	\$379	\$381	\$417	\$420	\$401	\$405	\$380	\$384	\$364	\$366	\$379	\$381	\$364	\$366	\$368	\$371
9	\$5,000	\$125	\$125	\$125	\$125	\$125	\$126	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$301	\$319	\$318	\$338	\$351	\$372	\$338	\$357	\$319	\$339	\$305	\$325	\$318	\$338	\$305	\$325	\$309	\$327
	\$25,000	\$466	\$494	\$492	\$521	\$543	\$576	\$521	\$553	\$494	\$524	\$473	\$502	\$492	\$521	\$473	\$502	\$478	\$507

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		
			Sprinklers in all areas	7%	%

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WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zone %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Zone Brick Frame Highest Risk \$ 2.70 \$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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 Company Name: The Automobile Insurance Company of Hartford, Connecticut
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Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,094	\$1,237	\$1,545	\$1,747	\$2,046	\$2,313	\$1,633	\$1,846	\$1,530	\$1,729	\$1,239	\$1,401	\$2,039	\$2,305	\$1,650	\$1,866	\$1,268	\$1,433
	\$120,000	\$1,372	\$1,550	\$1,936	\$2,189	\$2,565	\$2,898	\$2,047	\$2,314	\$1,919	\$2,168	\$1,552	\$1,755	\$2,557	\$2,889	\$2,069	\$2,338	\$1,589	\$1,797
	\$160,000	\$1,800	\$2,033	\$2,540	\$2,870	\$3,364	\$3,801	\$2,685	\$3,034	\$2,516	\$2,842	\$2,036	\$2,302	\$3,353	\$3,788	\$2,713	\$3,066	\$2,084	\$2,355
6	\$80,000	\$1,324	\$1,564	\$1,870	\$2,210	\$2,477	\$2,927	\$1,975	\$2,336	\$1,852	\$2,188	\$1,499	\$1,772	\$2,467	\$2,916	\$1,997	\$2,360	\$1,534	\$1,814
	\$120,000	\$1,660	\$1,961	\$2,344	\$2,770	\$3,104	\$3,669	\$2,478	\$2,928	\$2,320	\$2,743	\$1,879	\$2,220	\$3,094	\$3,656	\$2,504	\$2,958	\$1,922	\$2,273
	\$160,000	\$2,177	\$2,571	\$3,073	\$3,633	\$4,071	\$4,812	\$3,248	\$3,839	\$3,043	\$3,596	\$2,464	\$2,911	\$4,057	\$4,794	\$3,284	\$3,879	\$2,521	\$2,981
9	\$80,000	\$3,283	\$4,378	\$4,635	\$6,181	\$6,140	\$8,186	\$4,899	\$6,532	\$4,590	\$6,122	\$3,715	\$4,955	\$6,119	\$8,159	\$4,951	\$6,602	\$3,804	\$5,072
	\$120,000	\$4,116	\$5,488	\$5,811	\$7,747	\$7,696	\$10,262	\$6,142	\$8,189	\$5,755	\$7,673	\$4,658	\$6,211	\$7,670	\$10,226	\$6,207	\$8,275	\$4,768	\$6,357
	\$160,000	\$5,398	\$7,196	\$7,619	\$10,159	\$10,091	\$13,456	\$8,053	\$10,738	\$7,547	\$10,062	\$6,108	\$8,144	\$10,058	\$13,412	\$8,138	\$10,851	\$6,253	\$8,337

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$122	\$136	\$129	\$143	\$142	\$158	\$137	\$153	\$129	\$143	\$125	\$139	\$129	\$143	\$125	\$139	\$125	\$139
	\$25,000	\$189	\$210	\$200	\$222	\$220	\$245	\$211	\$235	\$200	\$222	\$193	\$214	\$200	\$222	\$193	\$214	\$193	\$214
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$154	\$155	\$165	\$166	\$180	\$182	\$174	\$175	\$165	\$166	\$158	\$159	\$165	\$166	\$158	\$159	\$158	\$159
	\$25,000	\$240	\$241	\$254	\$256	\$279	\$283	\$269	\$271	\$254	\$256	\$245	\$246	\$254	\$256	\$245	\$246	\$245	\$246
9	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$201	\$213	\$214	\$227	\$235	\$249	\$226	\$240	\$214	\$227	\$206	\$218	\$214	\$227	\$206	\$218	\$206	\$218
	\$25,000	\$311	\$329	\$330	\$351	\$364	\$386	\$350	\$371	\$330	\$351	\$318	\$338	\$330	\$351	\$318	\$338	\$318	\$338

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

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

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

HO3 and HO4 only				
Fire Extinguisher	1%	%	Deadbolt Lock	2%
Burglar Alarm	8%	%	Window Locks	N/A
Smoke Alarm	8%	%	\$1,000 Deductible	10%
			Other (specify)	
			Sprinklers in all areas	7%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zone %

Zone Brick Frame

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Highest Risk \$ 2.70 \$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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I

NAIC Number: _____
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$711	\$804	\$1,050	\$1,186	\$1,391	\$1,573	\$1,109	\$1,253	\$1,039	\$1,173	\$804	\$910	\$1,324	\$1,497	\$1,101	\$1,243	\$846	\$957
	\$120,000	\$891	\$1,007	\$1,316	\$1,487	\$1,744	\$1,971	\$1,390	\$1,571	\$1,302	\$1,470	\$1,009	\$1,140	\$1,660	\$1,877	\$1,380	\$1,559	\$1,061	\$1,200
	\$160,000	\$1,058	\$1,197	\$1,563	\$1,766	\$2,072	\$2,341	\$1,652	\$1,866	\$1,546	\$1,747	\$1,198	\$1,355	\$1,972	\$2,229	\$1,638	\$1,852	\$1,261	\$1,425
6	\$80,000	\$860	\$1,016	\$1,270	\$1,501	\$1,683	\$1,990	\$1,342	\$1,587	\$1,256	\$1,485	\$974	\$1,151	\$1,603	\$1,894	\$1,332	\$1,574	\$1,025	\$1,210
	\$120,000	\$1,079	\$1,274	\$1,593	\$1,881	\$2,110	\$2,494	\$1,682	\$1,988	\$1,575	\$1,862	\$1,220	\$1,442	\$2,009	\$2,374	\$1,669	\$1,973	\$1,284	\$1,517
	\$160,000	\$1,281	\$1,513	\$1,891	\$2,234	\$2,507	\$2,963	\$1,998	\$2,361	\$1,871	\$2,211	\$1,449	\$1,714	\$2,387	\$2,820	\$1,982	\$2,343	\$1,526	\$1,802
9	\$80,000	\$2,132	\$2,844	\$3,149	\$4,199	\$4,174	\$5,565	\$3,328	\$4,436	\$3,115	\$4,154	\$2,414	\$3,219	\$3,973	\$5,298	\$3,302	\$4,404	\$2,540	\$3,386
	\$120,000	\$2,674	\$3,565	\$3,948	\$5,264	\$5,232	\$6,976	\$4,171	\$5,561	\$3,906	\$5,207	\$3,026	\$4,034	\$4,981	\$6,641	\$4,139	\$5,520	\$3,183	\$4,245
	\$160,000	\$3,175	\$4,234	\$4,689	\$6,251	\$6,214	\$8,285	\$4,954	\$6,605	\$4,639	\$6,185	\$3,594	\$4,792	\$5,915	\$7,888	\$4,916	\$6,556	\$3,781	\$5,041

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

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

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zon %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE? Zone Highest Risk \$ Brick 2.70 \$ Frame 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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I

NAIC Number:
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$929	\$1,050	\$1,375	\$1,555	\$1,819	\$2,056	\$1,451	\$1,639	\$1,361	\$1,538	\$1,053	\$1,189	\$1,734	\$1,960	\$1,440	\$1,627	\$1,109	\$1,252
	\$120,000	\$1,164	\$1,316	\$1,724	\$1,948	\$2,280	\$2,577	\$1,818	\$2,054	\$1,706	\$1,928	\$1,320	\$1,491	\$2,174	\$2,457	\$1,804	\$2,039	\$1,389	\$1,570
	\$160,000	\$1,383	\$1,563	\$2,048	\$2,314	\$2,708	\$3,061	\$2,160	\$2,440	\$2,026	\$2,290	\$1,567	\$1,770	\$2,582	\$2,919	\$2,143	\$2,422	\$1,650	\$1,864
6	\$80,000	\$1,124	\$1,328	\$1,664	\$1,967	\$2,201	\$2,601	\$1,755	\$2,075	\$1,646	\$1,946	\$1,273	\$1,506	\$2,098	\$2,481	\$1,742	\$2,059	\$1,341	\$1,585
	\$120,000	\$1,409	\$1,665	\$2,086	\$2,465	\$2,759	\$3,262	\$2,200	\$2,600	\$2,064	\$2,438	\$1,596	\$1,887	\$2,631	\$3,110	\$2,184	\$2,581	\$1,681	\$1,986
	\$160,000	\$1,673	\$1,978	\$2,478	\$2,928	\$3,278	\$3,873	\$2,613	\$3,088	\$2,452	\$2,896	\$1,896	\$2,241	\$3,125	\$3,693	\$2,593	\$3,064	\$1,997	\$2,358
9	\$80,000	\$2,787	\$3,716	\$4,126	\$5,502	\$5,457	\$7,276	\$4,352	\$5,802	\$4,082	\$5,442	\$3,157	\$4,210	\$5,204	\$6,939	\$4,319	\$5,759	\$3,325	\$4,432
	\$120,000	\$3,494	\$4,658	\$5,173	\$6,897	\$6,841	\$9,121	\$5,455	\$7,274	\$5,117	\$6,822	\$3,958	\$5,278	\$6,523	\$8,697	\$5,414	\$7,218	\$4,167	\$5,557
	\$160,000	\$4,149	\$5,533	\$6,144	\$8,191	\$8,125	\$10,833	\$6,479	\$8,639	\$6,077	\$8,103	\$4,701	\$6,268	\$7,747	\$10,331	\$6,430	\$8,573	\$4,950	\$6,600

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$125	\$127	\$125	\$133	\$129	\$143	\$126	\$139	\$125	\$135	\$125	\$128	\$125	\$133	\$125	\$128	\$125	\$130
	\$25,000	\$178	\$197	\$186	\$206	\$200	\$222	\$195	\$216	\$188	\$209	\$179	\$198	\$186	\$206	\$179	\$198	\$181	\$201
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$146	\$147	\$153	\$153	\$165	\$166	\$160	\$161	\$154	\$155	\$147	\$148	\$153	\$153	\$147	\$148	\$149	\$150
	\$25,000	\$226	\$227	\$236	\$238	\$255	\$258	\$247	\$249	\$239	\$240	\$227	\$228	\$236	\$238	\$227	\$228	\$230	\$232
9	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$190	\$201	\$198	\$210	\$214	\$227	\$208	\$220	\$201	\$213	\$191	\$203	\$198	\$210	\$191	\$203	\$193	\$205
	\$25,000	\$293	\$311	\$307	\$325	\$331	\$352	\$321	\$341	\$310	\$330	\$296	\$314	\$307	\$325	\$296	\$314	\$299	\$317

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? Varies by zone %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?
 Zone Highest Risk \$ 2.70 Brick 2.06 Frame

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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I

NAIC Number: 25666
 Company Name: The Travelers Indemnity Company of America
 Contact Person: Jennifer Graves
 Telephone No.: 860-277-7775
 Email Address: jagraves@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,763	\$1,993	\$2,495	\$2,819	\$3,301	\$3,729	\$2,632	\$2,975	\$2,469	\$2,790	\$1,998	\$2,257	\$3,288	\$3,716	\$2,664	\$3,010	\$2,045	\$2,310
	\$120,000	\$2,211	\$2,498	\$3,128	\$3,533	\$4,138	\$4,675	\$3,300	\$3,728	\$3,095	\$3,498	\$2,504	\$2,829	\$4,122	\$4,658	\$3,339	\$3,773	\$2,563	\$2,896
	\$160,000	\$2,899	\$3,276	\$4,101	\$4,633	\$5,425	\$6,130	\$4,327	\$4,890	\$4,058	\$4,586	\$3,283	\$3,710	\$5,405	\$6,108	\$4,379	\$4,947	\$3,360	\$3,798
6	\$80,000	\$2,133	\$2,522	\$3,018	\$3,567	\$3,993	\$4,720	\$3,185	\$3,764	\$2,988	\$3,530	\$2,417	\$2,856	\$3,979	\$4,702	\$3,223	\$3,809	\$2,475	\$2,924
	\$120,000	\$2,675	\$3,161	\$3,783	\$4,472	\$5,006	\$5,916	\$3,992	\$4,718	\$3,745	\$4,426	\$3,030	\$3,580	\$4,988	\$5,894	\$4,041	\$4,775	\$3,102	\$3,665
	\$160,000	\$3,507	\$4,145	\$4,961	\$5,865	\$6,565	\$7,758	\$5,236	\$6,186	\$4,911	\$5,804	\$3,972	\$4,694	\$6,541	\$7,729	\$5,299	\$6,261	\$4,067	\$4,805
9	\$80,000	\$5,291	\$7,054	\$7,485	\$9,979	\$9,902	\$13,202	\$7,897	\$10,529	\$7,407	\$9,876	\$5,992	\$7,990	\$9,865	\$13,154	\$7,991	\$10,655	\$6,134	\$8,178
	\$120,000	\$6,632	\$8,842	\$9,382	\$12,509	\$12,412	\$16,548	\$9,899	\$13,198	\$9,284	\$12,379	\$7,511	\$10,015	\$12,366	\$16,488	\$10,017	\$13,356	\$7,689	\$10,252
	\$160,000	\$8,696	\$11,595	\$12,303	\$16,403	\$16,275	\$21,701	\$12,980	\$17,306	\$12,175	\$16,233	\$9,849	\$13,133	\$16,216	\$21,621	\$13,136	\$17,514	\$10,082	\$13,444

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125.00	\$125.00	\$125.00	\$125.00
	\$15,000	\$196	\$218	\$207	\$230	\$229	\$253	\$219	\$244	\$208	\$231	\$199	\$221	\$207	\$230	\$199.00	\$221.00	\$201.00	\$223.00
	\$25,000	\$304	\$337	\$321	\$355	\$353	\$392	\$340	\$377	\$321	\$357	\$308	\$342	\$321	\$355	\$308.00	\$342.00	\$311.00	\$346.00
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125.00	\$125.00	\$125.00	\$125.00
	\$15,000	\$249	\$251	\$263	\$265	\$290	\$292	\$279	\$281	\$264	\$266	\$253	\$255	\$263	\$265	\$253.00	\$255.00	\$256.00	\$258.00
	\$25,000	\$385	\$388	\$407	\$410	\$448	\$452	\$431	\$435	\$409	\$413	\$391	\$394	\$407	\$410	\$391.00	\$394.00	\$396.00	\$399.00
9	\$5,000	\$110	\$117	\$116	\$124	\$128	\$136	\$124	\$131	\$117	\$124	\$112	\$119	\$116	\$124	\$112.00	\$119.00	\$113.00	\$120.00
	\$15,000	\$324	\$343	\$342	\$363	\$377	\$400	\$363	\$384	\$343	\$364	\$328	\$349	\$342	\$363	\$328.00	\$349.00	\$332.00	\$352.00
	\$25,000	\$501	\$531	\$529	\$560	\$584	\$619	\$560	\$595	\$531	\$563	\$509	\$540	\$529	\$560	\$509.00	\$540.00	\$514.00	\$545.00

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	Varies by zone %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone	Brick
	Highest Risk	\$ 2.70
	Frame	\$ 2.06

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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NAIC Number:
 Company Name: The Automobile Insurance Company of Hartford, Connecticut
 Contact Person: Lisa Hills
 Telephone No.: 860-277-8695
 Email Address: lhills@travelers.com
 Effective Date: 7/13/2013

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,176	\$1,330	\$1,661	\$1,878	\$2,200	\$2,487	\$1,756	\$1,985	\$1,645	\$1,859	\$1,332	\$1,506	\$2,193	\$2,478	\$1,774	\$2,006	\$1,363	\$1,541
	\$120,000	\$1,475	\$1,667	\$2,082	\$2,354	\$2,758	\$3,116	\$2,201	\$2,488	\$2,063	\$2,331	\$1,669	\$1,887	\$2,749	\$3,106	\$2,225	\$2,514	\$1,709	\$1,932
	\$160,000	\$1,935	\$2,186	\$2,731	\$3,086	\$3,617	\$4,087	\$2,887	\$3,262	\$2,705	\$3,056	\$2,189	\$2,475	\$3,605	\$4,073	\$2,917	\$3,297	\$2,241	\$2,532
6	\$80,000	\$1,424	\$1,682	\$2,011	\$2,376	\$2,663	\$3,147	\$2,124	\$2,512	\$1,991	\$2,353	\$1,612	\$1,905	\$2,653	\$3,136	\$2,147	\$2,538	\$1,649	\$1,950
	\$120,000	\$1,785	\$2,109	\$2,520	\$2,979	\$3,338	\$3,945	\$2,664	\$3,148	\$2,495	\$2,949	\$2,020	\$2,387	\$3,327	\$3,931	\$2,692	\$3,181	\$2,067	\$2,444
	\$160,000	\$2,341	\$2,765	\$3,304	\$3,906	\$4,377	\$5,174	\$3,492	\$4,128	\$3,272	\$3,867	\$2,649	\$3,130	\$4,362	\$5,155	\$3,531	\$4,171	\$2,711	\$3,205
9	\$80,000	\$3,530	\$4,708	\$4,984	\$6,646	\$6,602	\$8,802	\$5,268	\$7,024	\$4,936	\$6,583	\$3,995	\$5,328	\$6,580	\$8,773	\$5,324	\$7,099	\$4,090	\$5,454
	\$120,000	\$4,426	\$5,901	\$6,248	\$8,330	\$8,275	\$11,034	\$6,604	\$8,805	\$6,188	\$8,251	\$5,009	\$6,678	\$8,247	\$10,996	\$6,674	\$8,898	\$5,127	\$6,836
	\$160,000	\$5,804	\$7,738	\$8,193	\$10,924	\$10,851	\$14,469	\$8,659	\$11,546	\$8,115	\$10,819	\$6,568	\$8,757	\$10,815	\$14,421	\$8,751	\$11,668	\$6,724	\$8,965

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

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$131	\$146	\$139	\$154	\$153	\$170	\$147	\$164	\$139	\$154	\$134	\$149	\$139	\$154	\$134	\$149	\$134	\$149
	\$25,000	\$203	\$226	\$215	\$239	\$237	\$263	\$227	\$253	\$215	\$239	\$208	\$230	\$215	\$239	\$208	\$230	\$208	\$230
6	\$5,000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
	\$15,000	\$166	\$167	\$177	\$178	\$194	\$196	\$187	\$188	\$177	\$178	\$170	\$171	\$177	\$178	\$170	\$171	\$170	\$171
	\$25,000	\$258	\$259	\$273	\$275	\$300	\$304	\$289	\$291	\$273	\$275	\$263	\$265	\$273	\$275	\$263	\$265	\$263	\$265
9	\$5,000	\$73	\$78	\$78	\$83	\$86	\$91	\$83	\$87	\$78	\$83	\$75	\$80	\$78	\$83	\$75	\$80	\$75	\$80
	\$15,000	\$216	\$229	\$230	\$244	\$253	\$268	\$243	\$258	\$230	\$244	\$221	\$234	\$230	\$244	\$221	\$234	\$221	\$234
	\$25,000	\$334	\$354	\$355	\$377	\$391	\$415	\$376	\$399	\$355	\$377	\$342	\$363	\$355	\$377	\$342	\$363	\$342	\$363

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

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

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

HO3 and HO4 only

Fire Extinguisher	1%	%	Deadbolt Lock	2%	%
Burglar Alarm	8%	%	Window Locks	N/A	%
Smoke Alarm	8%	%	\$1,000 Deductible	10%	%
			Other (specify)		%
			Sprinklers in all areas	7%	%

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone: Brick Frame

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

Maximum Credit Allowed	60%	Lowest Risk	\$ 0.57	\$ 0.37
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FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # 2013-05-0004

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.	Homeowners	B.	Dwelling, Tenant

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	10.00%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	2.11%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		9.52%					

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
2008	306	4.80%	2/17/2008	\$ 265	\$ 575	217.2%	46.8%	A. Total Production Expense	23.71%
2009	219	19.93%	5/1/2009	\$ 213	\$ 320	150.3%	37.5%	B. General Expense	6.40%
2010	151	4.31%	4/18/2010	\$ 166	\$ (93)	-56.0%	54.4%	C. Taxes, License & Fees	3.56%
2011	102	8.41%	4/1/2011	\$ 139	\$ 531	382.3%	77.3%	D. Underwriting Profit & Contingencies	13.00%
2012	80	15.13%	6/11/2012	\$ 120	\$ 28	23.3%	55.7%	E. Other (ULAE & ALAE)	13.50%
								F. TOTAL	60.17%

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

9. 10.39% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

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 # 2012-05-0004

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 Standard Fire Insurance Company	B. 3548-19070

		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.	Homeowners	B. Dwelling, Tenant

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	9.93%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	1.86%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		9.81%					

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
2008	16,220	4.70%	2/17/2008	\$ 12,333	\$ 17,478	141.7%	48.9%	A. Total Production Expense	23.71%
2009	11,821	19.93%	5/1/2009	\$ 10,492	\$ 7,869	75.0%	33.8%	B. General Expense	6.40%
2010	8,398	4.15%	4/18/2010	\$ 8,307	\$ 5,300	63.8%	57.2%	C. Taxes, License & Fees	3.56%
2011	5,912	9.57%	4/1/2011	\$ 6,916	\$ 5,751	83.2%	87.2%	D. Underwriting Profit & Contingencies	13.00%
2012	4,644	15.42%	6/11/2012	\$ 6,236	\$ 2,574	41.3%	51.7%	E. Other (ULAE & ALAE)	13.50%
								F. TOTAL	60.17%

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

9. 10.45% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

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 # 2013-05-0004

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.	Homeowners	B. Dwelling, Tenant

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	10.11%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	1.60%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		10.02%					

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
2008	60	4.80%	2/17/2008	\$ 44	\$ 74	170.4%	54.0%	A. Total Production Expense		23.71%
2009	40	19.94%	5/1/2009	\$ 43	\$ 3	7.2%	60.4%	B. General Expense		6.40%
2010	33	5.53%	4/18/2010	\$ 43	\$ 18	40.9%	61.0%	C. Taxes, License & Fees		3.56%
2011	26	14.15%	4/1/2011	\$ 39	\$ 65	167.2%	69.6%	D. Underwriting Profit & Contingencies		13.00%
2012	19	14.64%	6/11/2012	\$ 34	\$ (1)	-2.9%	39.8%	E. Other (ULAE & ALAE)		13.50%
								F. TOTAL		60.17%

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

9. 10.31% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

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

ARKANSAS HOMEOWNERS

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

Table of Contents

Explanatory Memorandum

Exhibit 1		Statewide Indication
Exhibit 2	Pages 1-2	Property Indication
Exhibit 3	Pages 1-2	Trended Ultimate Losses
Exhibit 4	Pages 1-2	Average Premium Trend
Exhibit 5	Pages 1-4	Loss Trend
Exhibit 6	Pages 1-2	Loss Development
Exhibit 7		Unallocated Loss Adjustment Expense
Exhibit 8	Pages 1-2	Catastrophe Losses
Exhibit 9		Development of Variable Permissible Loss Ratio and Permissible Loss Ratio
Exhibit 10	Pages 1-6	Calculation of Investment Income Adjustment Factors
Exhibit 11	Pages 1-8	Revision to Base Rates

ARKANSAS HOMEOWNERS

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

Explanatory Memorandum

With this filing, we are adjusting base rates in the dwelling and tenant forms of our Legacy Homeowners product. The overall impact of this filing is +9.80%. Please note that no policy will receive an impact greater than 11.75%

This change applies to policies issued on or after 06/04/2013 and effective on or after 07/24/2013.

Policy Form	Overall Change
Dwelling	9.93%
Tenant	1.87%
Total	9.80%

In an effort to improve and update our indications process we are proposing the following changes to methodology and data:

Average Premium Trend:

We are explicitly showing separate historical and prospective premium trend factors. The historical trend selection is based on the long term fit. The prospective trend selection is based on the year over year movement in average premiums, particularly in the most recent years, to better reflect trends.

Loss Trend:

We are incorporating separate historical and prospective loss trend factors. The historic loss trend selections are based on long term fits of state trends and the prospective trend selections more responsive to recent trends.

Experience Data:

The Travelers has updated our experience database which brings improved accuracy and detail. Any resultant changes in historical values compared to prior filings are not material.

Unallocated Loss Adjustment Expense (ULAE):

On Exhibit 7, the ULAE ratio is now determined based on net paid rather than direct incurred ULAE and loss & ALAE values. Please note that a paid basis removes volatility due to reserve changes, and net ratios better reflect our loss cash flows. In addition, the ULAE ratio selection is now calculated as an average of the ULAE ratio for 2009, 2010, and 2011 using weights that mitigate the impact of the extraordinary level of cat losses in 2011. Please note that this ULAE factor is applied to losses of all perils because the historical unallocated loss adjustment expenses cannot be identified as being associated with any particular peril.

Investment Income Exhibit:

On Exhibit 10, Page 4, the Reserve Ratio calculation is now calculated as the average of net ratios for each of the last three years. Previously, we used the direct ratio of only the last year. Please note that three years produces a more stable result over time, and net ratios better reflect our loss cash flows.

ARKANSAS HOMEOWNERS

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Statewide Indication

<u>Policy Forms</u>	Year Ending 12/31/2012 <u>EPCR</u>	Indicated Rate Level <u>Change</u>
Dwelling	7,145,175	18.05%
Tenant	53,258	3.61%

ARKANSAS HOMEOWNERS

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

Property Indication
Dwelling Policy Forms

AY Ending <u>12/31</u>	Earned House <u>Years</u> (1)	Trended <u>EPCR</u> (2)	Ultimate Trended <u>L & LAE</u> (3)	Incurred Claim <u>Count</u> (4)	AY <u>Weights</u> (5)	Rate Level Loss <u>Ratio</u> (6)=(3)/(2)
2008	12,323	20,299,527	10,177,829	639	0.32	0.501
2009	9,564	16,073,190	7,423,406	918	0.25	0.462
2010	6,622	11,104,023	3,803,454	522	0.17	0.343
2011	5,223	8,652,160	4,157,445	418	0.14	0.481
2012	4,317	7,162,086	2,784,712	261	0.12	0.389
(7) Weighted Rate Level Loss Ratio						0.448
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.647
(9) State Credibility= [(1)/18,750]^ 0.5, Cap result at 1.00						1.00
(10) Trended Total Permissible Loss Ratio						0.537
(11) Credibility Weighted Rate Level Total Loss Ratio						0.647
(12) Variable Permissible Loss Ratio						0.630
(13) Credibility Weighted Indicated Rate Level Change = [(11) + (FE)] / (12) - 1						18.05%
(14) Proposed Premium Level Change						9.93%

NOTE: FE = Fixed Expense

ARKANSAS HOMEOWNERS

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

AY Ending 12/31	Earned House Years (1)	Property Indication Tenant Policy Forms		Incurred Claim Count (4)	AY Weights (5)	Rate Level Loss Ratio (6)=(3)/(2)
		Trended EPCR (2)	Ultimate Trended L & LAE (3)			
2008	470	184,205	42,927	8	0.32	0.233
2009	321	129,223	35,673	6	0.25	0.276
2010	224	92,074	30,972	4	0.17	0.336
2011	175	69,377	96,836	3	0.14	1.396
2012	141	55,690	1,274	1	0.12	0.023
(7) Weighted Rate Level Loss Ratio						0.399
(8) Non-Hurricane Cat. Adjusted Loss Ratio = (7) x WCLM						0.576
(9) State Credibility= [(1)/3,750]^ 0.5, Cap result at 1.00						0.60
(10) Trended Total Permissible Loss Ratio						0.526
(11) Credibility Weighted Rate Level Total Loss Ratio						0.556
(12) Variable Permissible Loss Ratio						0.630
(13) Credibility Weighted Indicated Rate Level Change = [(11) + (FE)] / (12) - 1						3.61%
(14) Proposed Premium Level Change						1.87%

NOTE: FE = Fixed Expense

ARKANSAS HOMEOWNERS

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

Trended Ultimate Losses
Dwelling Policy Forms

<u>Accident Year Ending 12/31</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
(1) Earned Premium	12,407,368	10,562,745	8,390,404	6,979,692	6,313,745
(2) Earned Premium at Current Rates Factor	1.634	1.519	1.321	1.237	1.132
(3) Earned Premium at Current Rates (1) x (2)	20,268,072	16,045,022	11,082,310	8,633,485	7,145,175
(4) Premium Trend Factor	1.002	1.002	1.002	1.002	1.002
(5) Trended Earned Premium at Current Rates (3) x (4)	20,299,527	16,073,190	11,104,023	8,652,160	7,162,086
(6) Incurred Losses & ALAE	8,258,989	6,142,531	3,216,750	3,617,907	2,264,416
(7) Loss Development Factor	1.000	1.000	0.998	0.989	1.079
(8) Ultimate Losses & ALAE (6) x (7)	8,259,052	6,142,578	3,209,209	3,576,999	2,443,122
(9) Unallocated Factor + 1.000	1.121	1.121	1.121	1.121	1.121
(10) Ultimate Losses & LAE (8) x (9)	9,258,398	6,885,830	3,597,524	4,009,816	2,738,739
(11) Loss Trend Factor	1.099	1.078	1.057	1.037	1.017
(12) Trended Ultimate Losses & LAE (10) x (11)	10,177,829	7,423,406	3,803,454	4,157,445	2,784,712

ARKANSAS HOMEOWNERS

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

Trended Ultimate Losses
Tenant Policy Forms

<u>Accident Year Ending 12/31</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
(1) Earned Premium	144,139	107,146	78,666	60,482	49,545
(2) Earned Premium at Current Rates Factor	1.086	1.055	1.055	1.065	1.075
(3) Earned Premium at Current Rates (1) x (2)	156,513	113,091	82,998	64,414	53,258
(4) Premium Trend Factor	1.177	1.143	1.109	1.077	1.046
(5) Trended Earned Premium at Current Rates (3) x (4)	184,205	129,223	92,074	69,377	55,690
(6) Incurred Losses & ALAE	35,114	29,679	26,208	83,430	1,008
(7) Loss Development Factor	1.000	1.000	1.000	0.999	1.106
(8) Ultimate Losses & ALAE (6) x (7)	35,114	29,679	26,208	83,342	1,115
(9) Unallocated Factor + 1.000	1.121	1.121	1.121	1.121	1.121
(10) Ultimate Losses & LAE (8) x (9)	39,363	33,270	29,379	93,426	1,250
(11) Loss Trend Factor	1.091	1.072	1.054	1.036	1.019
(12) Trended Ultimate Losses & LAE (10) x (11)	42,927	35,673	30,972	96,836	1,274

ARKANSAS HOMEOWNERS

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

Average Premium Trend
Dwelling Policy Forms

Experience Period Ending	Average Premium	YOY Change
12/31/2008	1,644.67	
12/31/2009	1,677.73	2.0%
12/31/2010	1,673.65	-0.2%
12/31/2011	1,653.12	-1.2%
12/31/2012	1,655.18	0.1%
(1) Fitted Historical Premium Trend		0.0%
(2) Selected Historical Premium Trend		0.0%
(3) Selected Prospective Premium Trend:		0.1%
(4) Average Earned Date Underlying Proposed Rates: (Effective Date = 05/24/2013)		05/24/2014
(5) Prospective Trend Period (months) (Midpoint of Experience Period to Average Earned Date)		22.7
(6) Prospective Trend Adjustment		1.002

CALCULATION OF PREMIUM TREND FACTORS

Experience Period Ending	Midpoint of Experience Period	Fitted Average Premium	Historical Trend Factor	Prospective Trend Factor	Premium Trend Factor
12/31/2008	06/30/2008	1,661.59	0.999	1.002	1.002
12/31/2009	06/30/2009	1,661.23	0.999	1.002	1.002
12/31/2010	06/30/2010	1,660.87	1.000	1.002	1.002
12/31/2011	06/30/2011	1,660.51	1.000	1.002	1.002
12/31/2012	06/30/2012	1,660.16	1.000	1.002	1.002

ARKANSAS HOMEOWNERS

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

Average Premium Trend
Tenant Policy Forms

Experience Period <u>Ending</u>	Average <u>Premium</u>	<u>YOY Change</u>
12/31/2008	333.27	
12/31/2009	352.10	5.6%
12/31/2010	370.21	5.1%
12/31/2011	368.74	-0.4%
12/31/2012	377.54	2.4%
(1) Fitted Historical Premium Trend		3.0%
(2) Selected Historical Premium Trend		3.0%
(3) Selected Prospective Premium Trend:		2.4%
(4) Average Earned Date Underlying Proposed Rates: (Effective Date = 05/24/2013)		05/24/2014
(5) Prospective Trend Period (months) (Midpoint of Experience Period to Average Earned Date)		22.7
(6) Prospective Trend Adjustment		1.046

CALCULATION OF PREMIUM TREND FACTORS

Experience Period <u>Ending</u>	Midpoint of Experience <u>Period</u>	Fitted Average <u>Premium</u>	Historical Trend <u>Factor</u>	Prospective Trend <u>Factor</u>	Premium Trend <u>Factor</u>
12/31/2008	06/30/2008	339.34	1.126	1.046	1.177
12/31/2009	06/30/2009	349.85	1.093	1.046	1.143
12/31/2010	06/30/2010	360.37	1.061	1.046	1.109
12/31/2011	06/30/2011	370.89	1.030	1.046	1.077
12/31/2012	06/30/2012	381.41	1.000	1.046	1.046

ARKANSAS HOMEOWNERS

ALL COMPANIES COMBINED

Loss Trend
Frequency Trend
Dwelling Policy Forms
Exponential Fit

Calendar Year Ending	Travelers Statewide Total Limits				Calendar Year Ending	Industry Fastrack Statewide Total Limits			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2008	4.83	5.49			12/31/2007	5.05	5.69		
06/30/2008	6.00	5.54			03/31/2008	5.08	5.74		
09/30/2008	6.28	5.58			06/30/2008	5.48	5.79		
12/31/2008	6.27	5.62			09/30/2008	5.80	5.84		
03/31/2009	4.52	5.66			12/31/2008	5.84	5.90		
06/30/2009	3.36	5.70			03/31/2009	6.14	5.95		
09/30/2009	5.09	5.74			06/30/2009	6.12	6.01		
12/31/2009	5.76	5.78			09/30/2009	6.57	6.06		
03/31/2010	7.93	5.83	7.70		12/31/2009	6.88	6.12	6.96	
06/30/2010	8.77	5.87	7.45		03/31/2010	6.95	6.17	6.88	
09/30/2010	7.11	5.91	7.21		06/30/2010	6.93	6.23	6.80	
12/31/2010	6.57	5.96	6.98		09/30/2010	6.40	6.29	6.73	
03/31/2011	6.09	6.00	6.75		12/31/2010	6.29	6.35	6.65	
06/30/2011	5.73	6.04	6.54		03/31/2011	6.27	6.41	6.57	
09/30/2011	6.07	6.09	6.32	6.34	06/30/2011	6.74	6.46	6.49	7.24
12/31/2011	6.19	6.13	6.12	6.17	09/30/2011	7.10	6.52	6.42	6.92
03/31/2012	6.46	6.18	5.92	6.02	12/31/2011	6.98	6.58	6.35	6.60
06/30/2012	5.98	6.22	5.73	5.86	03/31/2012	6.65	6.65	6.27	6.31
09/30/2012	5.45	6.27	5.55	5.71	06/30/2012	5.89	6.71	6.20	6.02
12/31/2012	5.55	6.32	5.37	5.57	09/30/2012	5.51	6.77	6.13	5.75
Annual Rate of Change		3.0%	-12.3%	-9.8%			3.7%	-4.5%	-16.9%
Selected Historical Annual Rate of Change						3.0%			
Selected Prospective Annual Rate of Change						-3.0%			
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect						05/24/2014			

Factors To Adjust Data Based on a 05/24/2013 Effective Date

Experience Period Ending	Midpoint of Experience Period	Historical Trend Period (months)	Factor to Adjust to 06/30/2012 (d)	Prospective Trend Period (months)	From to	Factor to Adjust 06/30/2012 05/24/2014 (f)	Frequency Factor (g) = (d) x (f)
(a)	(b)	(c)	(d)	(e)		(f)	(g)
12/31/2008	06/30/2008	48	1.126	22.8		0.944	1.062
12/31/2009	06/30/2009	36	1.093	22.8		0.944	1.031
12/31/2010	06/30/2010	24	1.061	22.8		0.944	1.001
12/31/2011	06/30/2011	12	1.030	22.8		0.944	0.972
12/31/2012	06/30/2012	0	1.000	22.8		0.944	0.944

ARKANSAS HOMEOWNERS
ALL COMPANIES COMBINED

Loss Trend
Severity Trend
Dwelling Policy Forms
Exponential Fit

Calendar Year Ending	Travelers Statewide Total Limits				Calendar Year Ending	Industry Fastrack Statewide Total Limits			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
	03/31/2008	11,044	11,453				12/31/2007	6,674	6,953
06/30/2008	10,130	11,273			03/31/2008	6,710	7,046		
09/30/2008	10,103	11,096			06/30/2008	6,870	7,141		
12/31/2008	12,554	10,922			09/30/2008	6,978	7,236		
03/31/2009	13,568	10,751			12/31/2008	7,470	7,333		
06/30/2009	14,680	10,582			03/31/2009	7,598	7,431		
09/30/2009	11,179	10,416			06/30/2009	7,988	7,531		
12/31/2009	8,545	10,253			09/30/2009	8,234	7,632		
03/31/2010	7,424	10,092	8,768		12/31/2009	7,952	7,734	7,935	
06/30/2010	8,247	9,933	8,807		03/31/2010	7,989	7,837	8,002	
09/30/2010	9,017	9,777	8,846		06/30/2010	8,236	7,942	8,071	
12/31/2010	9,773	9,624	8,885		09/30/2010	8,169	8,049	8,139	
03/31/2011	10,118	9,473	8,925		12/31/2010	8,190	8,157	8,209	
06/30/2011	8,970	9,324	8,964		03/31/2011	8,537	8,266	8,278	
09/30/2011	9,788	9,178	9,004	9,926	06/30/2011	8,012	8,377	8,349	7,980
12/31/2011	9,887	9,034	9,044	9,583	09/30/2011	8,118	8,489	8,420	8,166
03/31/2012	8,823	8,892	9,084	9,253	12/31/2011	8,429	8,602	8,492	8,356
06/30/2012	9,129	8,753	9,125	8,934	03/31/2012	8,421	8,718	8,564	8,551
09/30/2012	9,017	8,615	9,165	8,625	06/30/2012	8,821	8,834	8,637	8,750
12/31/2012	8,036	8,480	9,206	8,328	09/30/2012	8,957	8,953	8,710	8,954
Annual Rate of Change		-6.1%	1.8%	-13.1%			5.5%	3.4%	9.7%
Selected Historical Annual Rate of Change						-1.0%			
Selected Prospective Annual Rate of Change						4.0%			
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect						05/24/2014			

Factors To Adjust Data Based on a 05/24/2013 Effective Date

Experience Period Ending	Midpoint of Experience Period	Historical Trend Period (months)	Factor to Adjust to 06/30/2012	Prospective Trend Period (months)	From to	Factor to Adjust 06/30/2012 05/24/2014	Severity Factor (g) = (d) x (f)	Frequency x Severity Factor
(a)	(b)	(c)	(d)	(e)		(f)		
12/31/2008	06/30/2008	48	0.961	22.8		1.077	1.035	1.099
12/31/2009	06/30/2009	36	0.970	22.8		1.077	1.045	1.078
12/31/2010	06/30/2010	24	0.980	22.8		1.077	1.056	1.057
12/31/2011	06/30/2011	12	0.990	22.8		1.077	1.067	1.037
12/31/2012	06/30/2012	0	1.000	22.8		1.077	1.077	1.017

ARKANSAS HOMEOWNERS

ALL COMPANIES COMBINED

Loss Trend
Frequency Trend
Tenant Policy Forms
Exponential Fit

Calendar Year Ending	Travelers Statewide Total Limits				Calendar Year Ending	Industry Fastrack Statewide Total Limits			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2008	2.44	2.63			12/31/2007	2.28	2.39		
06/30/2008	2.51	2.58			03/31/2008	2.32	2.40		
09/30/2008	2.47	2.53			06/30/2008	2.37	2.41		
12/31/2008	2.61	2.48			09/30/2008	2.43	2.42		
03/31/2009	2.58	2.44			12/31/2008	2.50	2.43		
06/30/2009	2.67	2.39			03/31/2009	2.52	2.45		
09/30/2009	2.40	2.34			06/30/2009	2.53	2.46		
12/31/2009	2.34	2.30			09/30/2009	2.50	2.47		
03/31/2010	2.16	2.25	2.17		12/31/2009	2.47	2.48	2.51	
06/30/2010	1.82	2.21	2.14		03/31/2010	2.45	2.49	2.52	
09/30/2010	2.12	2.17	2.11		06/30/2010	2.50	2.50	2.53	
12/31/2010	2.03	2.13	2.08		09/30/2010	2.58	2.52	2.53	
03/31/2011	2.09	2.08	2.05		12/31/2010	2.55	2.53	2.54	
06/30/2011	2.40	2.04	2.02		03/31/2011	2.53	2.54	2.54	
09/30/2011	2.28	2.00	1.99	2.18	06/30/2011	2.63	2.55	2.55	2.67
12/31/2011	2.06	1.97	1.96	2.07	09/30/2011	2.62	2.56	2.55	2.64
03/31/2012	1.96	1.93	1.93	1.96	12/31/2011	2.65	2.58	2.56	2.60
06/30/2012	1.75	1.89	1.90	1.86	03/31/2012	2.64	2.59	2.56	2.56
09/30/2012	1.61	1.85	1.87	1.77	06/30/2012	2.48	2.60	2.57	2.52
12/31/2012	1.88	1.82	1.84	1.68	09/30/2012	2.45	2.61	2.58	2.48
Annual Rate of Change		-7.5%	-5.8%	-18.8%			1.9%	0.9%	-5.8%
Selected Historical Annual Rate of Change						-1.3%			
Selected Prospective Annual Rate of Change						0.0%			
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect						05/24/2014			

Factors To Adjust Data Based on a 05/24/2013 Effective Date

Experience Period Ending	Midpoint of Experience Period	Historical Trend Period (months)	Factor to Adjust to 06/30/2012 (d)	Prospective Trend Period (months)	From to	Factor to Adjust 06/30/2012 05/24/2014 (f)	Frequency Factor (g) = (d) x (f)
(a)	(b)	(c)	(d)	(e)		(f)	(g)
12/31/2008	06/30/2008	48	0.950	22.8		1.000	0.950
12/31/2009	06/30/2009	36	0.963	22.8		1.000	0.963
12/31/2010	06/30/2010	24	0.975	22.8		1.000	0.975
12/31/2011	06/30/2011	12	0.987	22.8		1.000	0.987
12/31/2012	06/30/2012	0	1.000	22.8		1.000	1.000

ARKANSAS HOMEOWNERS

ALL COMPANIES COMBINED

Loss Trend
Severity Trend
Tenant Policy Forms
Exponential Fit

Calendar Year Ending	Travelers Statewide Total Limits				Calendar Year Ending	Industry Fastrack Statewide Total Limits			
	Actual	20 PT	12 PT	6 PT		Actual	20 PT	12 PT	6 PT
03/31/2008	7,681	7,300			12/31/2007	3,750	3,968		
06/30/2008	6,588	7,349			03/31/2008	3,950	4,009		
09/30/2008	5,851	7,398			06/30/2008	4,046	4,051		
12/31/2008	7,608	7,448			09/30/2008	3,990	4,092		
03/31/2009	5,894	7,498			12/31/2008	4,122	4,134		
06/30/2009	7,240	7,548			03/31/2009	4,033	4,177		
09/30/2009	8,684	7,599			06/30/2009	3,813	4,220		
12/31/2009	10,198	7,650			09/30/2009	4,199	4,264		
03/31/2010	10,086	7,701	8,715		12/31/2009	4,418	4,307	4,828	
06/30/2010	8,979	7,753	8,596		03/31/2010	4,610	4,352	4,796	
09/30/2010	7,396	7,805	8,478		06/30/2010	5,124	4,397	4,764	
12/31/2010	6,400	7,858	8,362		09/30/2010	4,999	4,442	4,732	
03/31/2011	7,570	7,910	8,248		12/31/2010	4,943	4,488	4,701	
06/30/2011	8,874	7,964	8,135		03/31/2011	4,987	4,534	4,670	
09/30/2011	8,929	8,017	8,024	9,417	06/30/2011	4,491	4,581	4,639	4,434
12/31/2011	9,142	8,071	7,914	8,837	09/30/2011	4,362	4,628	4,608	4,450
03/31/2012	8,528	8,125	7,806	8,292	12/31/2011	4,484	4,675	4,577	4,467
06/30/2012	7,268	8,180	7,699	7,782	03/31/2012	4,486	4,723	4,547	4,483
09/30/2012	8,766	8,235	7,594	7,302	06/30/2012	4,519	4,772	4,517	4,500
12/31/2012	6,058	8,290	7,490	6,852	09/30/2012	4,512	4,821	4,487	4,517
Annual Rate of Change		2.7%	-5.4%	-22.5%			4.2%	-2.6%	1.5%
Selected Historical Annual Rate of Change						3.0%			
Selected Prospective Annual Rate of Change						1.0%			
Projected Average Date of Loss for the Period the Proposed Rates will be in Effect						05/24/2014			

Factors To Adjust Data Based on a 05/24/2013 Effective Date

Experience Period Ending	Midpoint of Experience Period	Historical Trend Period (months)	Factor to Adjust to 06/30/2012	Prospective Trend Period (months)	From to	Factor to Adjust 06/30/2012 05/24/2014	Severity Factor (g) = (d) x (f)	Frequency x Severity Factor
(a)	(b)	(c)	(d)	(e)		(f)		
12/31/2008	06/30/2008	48	1.126	22.8		1.019	1.148	1.091
12/31/2009	06/30/2009	36	1.093	22.8		1.019	1.114	1.072
12/31/2010	06/30/2010	24	1.061	22.8		1.019	1.081	1.054
12/31/2011	06/30/2011	12	1.030	22.8		1.019	1.050	1.036
12/31/2012	06/30/2012	0	1.000	22.8		1.019	1.019	1.019

ARKANSAS HOMEOWNERS

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Unallocated Loss Adjustment Expense

Calendar Year	Paid ULAE	Paid Losses & ALAE	Ratio
2009	\$186,044,925	\$1,504,830,614	0.124
2010	\$220,855,019	\$1,700,442,898	0.130
2011	\$263,868,942	\$2,654,129,066	0.099
Selected			0.121

ARKANSAS HOMEOWNERS

ALL COMPANIES COMBINED

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.

Hurricanes are potentially solvency threatening events whose frequency and large variation in severity make them difficult to recognize in projecting future costs for ratemaking purposes. Therefore, we believe it's necessary to separate hurricane losses from non-hurricane losses in our analysis of catastrophes.

We categorize an event as a catastrophe if the Insurance Services Office (ISO) defines it as a catastrophe. ISO defines a catastrophe as an occurrence such as a hailstorm, windstorm, tornado, hurricane, winter storm, wildfire, earthquake, etc., which results in insured property losses of \$25,000,000 or more and affects a significant number of policyholders and insurers.¹ Each catastrophe is accorded a serial number by ISO 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.

Non-Hurricane Catastrophe Losses:

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 non-hurricane Catastrophe Loss Factor is applied to produce the indicated loss ratio including non-hurricane 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 non-hurricane Catastrophe Loss Factor, we have utilized all of the Homeowners experience from 1992 - 2011. The non-hurricane Catastrophe Loss Factor is calculated by relating the non-hurricane catastrophe losses to the non-cat losses. Page 2 of this exhibit sets forth the 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 HOMEOWNERS

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)*	Earthquake Losses	Other Cat. Losses	Non-Cat. Incurred Losses
	(1)	(2)	(3)	(4)
1992	297,724	0	11,533	286,191
1993	18,152	0	0	18,152
1994	33,681	0	0	33,681
1995	45,350	0	0	45,350
1996	16,622	0	3,250	13,372
1997	94,083	0	3,376	90,707
1998	140,013	0	21,130	118,883
1999	1,226,638	0	247,702	978,936
2000	667,848	0	85,139	582,709
2001	928,813	0	260,322	668,491
2002	1,322,681	0	120,703	1,201,978
2003	2,845,528	0	159,373	2,686,155
2004	4,007,483	0	301,816	3,705,667
2005	7,232,390	0	235,707	6,996,683
2006	12,834,013	0	1,737,918	11,096,095
2007	9,496,630	0	607,031	8,889,599
2008	27,499,711	0	10,830,292	16,669,419
2009	20,769,657	0	9,113,355	11,656,302
2010	18,955,311	0	2,629,912	16,325,399
2011	31,742,877	0	16,728,390	15,014,487
20 Year Total	140,175,205	0	43,096,949	97,078,256
(5)	Ratio of Total "Other Cat." Losses to Total "Non-Cat." Loss			0.444
(6)	Weighted Catastrophe Loss Multiplier [WCLM = 1 + (5)]:			1.444

*Total Incurred Losses (1) does not include Hurricane Losses

ARKANSAS HOMEOWNERS

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 THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Development of Variable Permissible Loss Ratio
 and Permissible Loss Ratio

<u>Fixed Expense</u>	
Other Acquisition and General Expenses	9.7%
<u>Variable Expense</u>	
Commissions	20.4%
Taxes, Licenses and Fees	3.6%
Total Variable Expense	24.0%
Profit Margin	13.0%
Total Variable Expense and Profit Margin	37.0%
Variable Permissible Loss Ratio = (100% minus above row)	63.0%
Total Fixed Expense, Variable Expense and Profit Margin	46.7%
Total Permissible Loss Ratio = (100% minus above row)	53.3%
Total	100.0%

ARKANSAS HOMEOWNERS

THE STANDARD FIRE INSURANCE COMPANY
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>Homeowners</u>
1. Direct Earned Premium	7,093,369
2. Direct Mean Unearned Premium Reserve (<i>see Page 3</i>)	3,714,025
3. Deduction for Prepaid Expenses	
(a) Commissions	0.2040
(b) Taxes, Licenses, and Fees	0.0356
(c) Other Acquisition (50%)	0.0166
(d) General (50%)	0.0320
(e) Total	0.2882
4. Deduction for Federal Taxes (<i>see Page 3</i>)	(33,351)
5. Deduction for Prepaid Expenses in dollars = A2 x A3(e)	1,070,457
6. Net Subject to Investment = A2 - A4 - A5	2,676,919
B. <u>Delayed Remission of Premium</u>	
1. Average Agent's Balance (<i>see Page 3</i>)	24.3%
2. Amount of Deduction = A1 x B1	1,723,689
C. <u>Loss + LAE Reserve</u>	
1. Direct Earned Premium = A1	7,093,369
2. Permissible Incurred Loss + LAE (<i>see Exhibit 9</i>)	
0.5332 x C1	3,782,195
3. Expected Mean Loss + LAE Reserve (<i>see Page 4</i>)	
0.4235 x C2	1,601,793
4. Deduction for Federal Taxes (<i>see Page 5</i>)	(17,098)
5. Loss and Reserve Subject to Investment = C3 - C4	1,618,891
D. <u>Policyholder Surplus (<i>see Page 6, item I.6</i>)</u>	6,568,000
E. <u>Net Subject to Investment = A6 - B2 + C5 + D</u>	9,140,121
F. <u>Average Rate of Return (<i>see Page 6, item II.4</i>)</u>	4.4%

ARKANSAS HOMEOWNERS

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

Calculation of Investment Income Adjustment Factors
Estimated Investment Earnings

	<u>Homeowners</u>
G. <u>Projected Investment Earnings</u> = E x F	402,165
H. <u>Before Tax Return on Earned Premium</u> = G / A1	5.7%
I. <u>Federal Income Tax Provision</u> (see Page 6, item III.10)	13.6%
J. <u>After-Tax Return on Earned Premium</u> = H x (100% - I)	4.9%
K. <u>After-Tax Target Return on Earned Premium</u> (see Page 6, item 1.8)	13.9%
L. <u>After-Tax Target Underwriting Profit(% of EP)</u> = K - J	9.0%
M. <u>Before-Tax Target Underwriting Profit(% of EP)</u> = L / 0.65 (Assuming a tax rate of 35%)	13.8%
N. <u>Selected Before-Tax Target Underwriting Profit</u>	13.0%

The Surplus Allocation exhibit requires a 13.9% return on earned premium from underwriting and investment activities. Since the after-tax return on homeowners earned premium from investment income is 4.9%, the difference of 9.0% is the projected underwriting after-tax gain. Assuming a tax rate of 35%, the before-tax underwriting profit is 13.8% as a percentage of earned premium.

ARKANSAS HOMEOWNERS

THE STANDARD FIRE INSURANCE COMPANY
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 2011.
2. Direct Mean Unearned Premium Reserve

	<u>Homeowners</u>
a. Direct unearned premium reserve as of 12/10	3,952,244
b. Direct unearned premium reserve as of 12/11	3,475,806
c. Direct mean unearned premium reserve (a + b)/2	3,714,025
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:	$.35 \times .20 (3,475,806 - 3,952,244) =$	(33,351)
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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>2009</u>	<u>2010</u>	<u>2011</u>	<u>Total</u>
Premiums and agents' balance	1,044,724,603	1,061,941,376	1,136,761,239	3,243,427,218
Premiums, agents' balances, and installments booked but deferred and not yet due	3,824,719,200	3,896,953,834	4,029,844,872	11,751,517,906
Total	4,869,443,803	4,958,895,210	5,166,606,111	14,994,945,124
Earned Premium	20,385,737,486	20,345,047,670	21,045,057,831	61,775,842,987
Ratio	23.9%	24.4%	24.6%	24.3%

ARKANSAS HOMEOWNERS

THE STANDARD FIRE INSURANCE COMPANY
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 and LAE Reserve: Determined by multiplying the expected incurred Loss + LAE by the ratio of the net mean Loss and LAE reserve to the net incurred Loss + LAE. This countrywide ratio is determined as follows:

3. Expected Mean Loss + LAE Reserve Ratio:

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>Average</u>
a. Net Paid Loss + LAE	1,690,875,539	1,921,297,917	2,917,998,008	
b. Net Loss + LAE Reserve as of end of prior year	887,158,750	796,965,383	927,755,750	
c. Net Loss + LAE Reserve as of end of year	796,965,383	927,755,750	1,032,069,897	
d. Net Incurred Loss + LAE = a - b + c	1,600,682,172	2,052,088,284	3,022,312,155	
e. Direct Mean Loss + LAE Reserve = (b + c) / 2	842,062,067	862,360,567	979,912,824	
f. Reserve Ratio = e / d	0.5261	0.4202	0.3242	0.4235

ARKANSAS HOMEOWNERS

THE STANDARD FIRE INSURANCE COMPANY
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

Homeowners (Countrywide)

<u>Year of Loss</u>	<u>Statutory Reserves (Undiscounted)</u>		<u>Tax Reserves (Discounted)</u>	
	<u>2010</u>	<u>2011</u>	<u>2010</u>	<u>2011</u>
2000 & Prior	3,453,702	4,154,308	3,292,403	4,015,630
2001	1,634,434	470,008	1,456,689	431,212
2002	1,895,612	1,285,590	1,650,587	1,192,463
2003	2,986,399	1,999,284	2,682,205	1,758,971
2004	4,343,330	2,979,198	3,833,319	2,698,194
2005	36,428,791	35,208,086	32,528,306	31,503,539
2006	12,150,198	6,341,368	10,613,869	5,695,107
2007	26,519,661	16,151,124	23,916,539	14,520,329
2008	86,784,092	44,199,100	78,331,208	39,843,528
2009	139,081,381	63,279,562	125,269,621	57,135,770
2010	673,279,138	158,805,955	630,377,001	144,017,431
2011		763,607,994		719,739,924
Total	988,556,739	1,098,481,577	913,951,748	1,022,552,099
			<u>2010</u>	<u>2011</u>
Ratio of Discounted to Statutory Reserves:			0.9245	0.9309
Arkansas Homeowners Loss + ALAE Reserve as of 12/10 x (1+ULAE) =				3,967,702
3,539,430 x 1.121				
Arkansas Homeowners Loss + ALAE Reserve as of 12/11 x (1+ULAE) =				3,628,228
3,236,600 x 1.121				
Deduction for Federal Taxes Payable =				(17,098)
.35 x [3,628,228 - 3,967,702 - (3,628,228 x 0.9309) + (3,967,702 x 0.9245)]				

ARKANSAS HOMEOWNERS

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

Calculation of Investment Income Adjustment Factors

I. Surplus Allocation

	<u>2009</u>	<u>2010</u>	<u>2011</u>
1. Year End Property Casualty Policyholder Surplus	22,537,881,673	19,510,628,060	18,586,650,960
2. Direct Written Premium	21,409,548,233	21,541,288,707	22,206,993,630
3. Premium to Surplus Ratio	0.95	1.10	1.19
4. Three Year Average			1.08
5. Earned Premium			7,093,369
6. Allocated Equity			6,568,000
7. Target Return on Equity			15.0%
8. Return on Earned Premium			13.9%

II. Average Rate of Return

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

Source: Annual Statement

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>Total</u>
1. Net Investment Income Earned	2,891,400,227	3,211,248,419	2,749,874,457	8,852,523,103
2. Net Realized Capital Gains	(260,109,058)	(146,038,854)	13,192,798	(392,955,114)
3. Invested Assets	65,839,247,614	64,670,591,711	62,801,070,216	193,310,909,541
4. Ratio	4.0%	4.7%	4.4%	4.4%

III. 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 2011

	(In Thousands)
1. Statutory net investment income	3,753,882
2. Dividends from Affiliates	(997,280)
3. Tax exempt interest	(1,486,899)
4. 70% Dividends received deduction	(9,336)
5. 42% Dividends received deduction	(1,845)
6. 15% Proration adj. on TEI	224,491
7. Other Adjustments	(23,134)
8. Taxable net investment income (1+2+3+4+5+6+7)	1,459,879
9. Tax on net investment income (8 x .35)	510,958
10. FIT rate on NII (9 / 1)	13.6%

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Current

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
1	1,235	1,617	1,957	2,936
2	1,172	1,536	1,892	2,838
3	1,026	1,344	1,624	2,438
4	729	954	1,174	1,762
5	1,009	1,323	1,627	2,443
6	737	967	1,191	1,786
7	712	933	1,150	1,724
8	1,009	1,323	1,627	2,443
9	1,045	1,368	1,656	2,484
10	1,145	1,499	1,895	2,843
11	1,064	1,393	1,686	2,529
12	1,017	1,329	1,637	2,457
13	1,123	1,472	1,813	2,720
14	1,066	1,393	1,762	2,646
15	779	1,021	1,256	1,886
16	1,360	1,778	2,151	3,225
17	1,244	1,629	2,060	3,088
18	1,367	1,791	2,162	3,245
19	1,045	1,368	1,656	2,484
20	1,172	1,536	1,892	2,838
21	1,015	1,330	1,608	2,413
22	743	975	1,176	1,769
23	779	1,021	1,256	1,886
24	1,032	1,354	1,667	2,501
25	1,054	1,380	1,669	2,504
26	696	913	1,122	1,687
27	1,087	1,424	1,756	2,634
28	1,095	1,432	1,728	2,596
29	1,145	1,499	1,895	2,843
33	1,087	1,422	1,797	2,697
37	1,008	1,319	1,596	2,395
38	1,191	1,560	1,887	2,831
39	1,152	1,510	1,827	2,738
40	1,145	1,497	1,892	2,838
44	1,199	1,567	1,982	2,973
45	1,166	1,523	1,843	2,764
46	1,045	1,368	1,656	2,484
47	1,131	1,477	1,869	2,805
48	1,095	1,434	1,813	2,719
49	1,270	1,665	2,049	3,076
50	856	1,121	1,355	2,034
51	1,009	1,323	1,627	2,443
52	1,009	1,323	1,627	2,443
53	1,294	1,695	2,143	3,214
54	1,460	1,915	2,313	3,469

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Current

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
55	1,045	1,368	1,656	2,484
56	1,074	1,409	1,734	2,602
57	1,095	1,434	1,813	2,719
58	1,032	1,354	1,667	2,501
59	693	908	1,146	1,720
60	759	994	1,225	1,839
61	1,054	1,383	1,671	2,506
62	1,194	1,564	1,979	2,967
63	1,045	1,368	1,656	2,484
64	1,225	1,605	1,974	2,964
65	1,032	1,354	1,667	2,501
66	1,045	1,368	1,656	2,484
67	827	1,083	1,332	1,998
68	1,199	1,567	1,895	2,843
69	1,084	1,418	1,716	2,572
70	825	1,083	1,332	1,996
71	1,066	1,391	1,716	2,574
72	1,074	1,409	1,734	2,602
73	1,076	1,407	1,734	2,603
74	1,095	1,434	1,813	2,719
75	1,008	1,319	1,596	2,395
76	1,123	1,472	1,813	2,720
77	786	1,029	1,302	1,952
78	927	1,210	1,492	2,239
79	695	908	1,150	1,723
80	965	1,263	1,525	2,291
81	1,045	1,368	1,656	2,484
82	1,074	1,409	1,734	2,602
83	850	1,112	1,372	2,055
84	817	1,069	1,318	1,975

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Proposed

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
1	1,362	1,783	2,158	3,237
2	1,292	1,693	2,086	3,129
3	1,131	1,482	1,790	2,688
4	804	1,052	1,294	1,943
5	1,112	1,459	1,794	2,693
6	813	1,066	1,313	1,969
7	785	1,029	1,268	1,901
8	1,112	1,459	1,794	2,693
9	1,152	1,508	1,826	2,739
10	1,262	1,653	2,089	3,134
11	1,173	1,536	1,859	2,788
12	1,121	1,465	1,805	2,709
13	1,238	1,623	1,999	2,999
14	1,175	1,536	1,943	2,917
15	859	1,126	1,385	2,079
16	1,499	1,960	2,371	3,556
17	1,372	1,796	2,271	3,405
18	1,507	1,975	2,384	3,578
19	1,152	1,508	1,826	2,739
20	1,292	1,693	2,086	3,129
21	1,119	1,466	1,773	2,660
22	819	1,075	1,297	1,950
23	859	1,126	1,385	2,079
24	1,138	1,493	1,838	2,757
25	1,162	1,521	1,840	2,761
26	767	1,007	1,237	1,860
27	1,198	1,570	1,936	2,904
28	1,207	1,579	1,905	2,862
29	1,262	1,653	2,089	3,134
33	1,198	1,568	1,981	2,973
37	1,111	1,454	1,760	2,640
38	1,313	1,720	2,080	3,121
39	1,270	1,665	2,014	3,019
40	1,262	1,650	2,086	3,129
44	1,322	1,728	2,185	3,278
45	1,286	1,679	2,032	3,047
46	1,152	1,508	1,826	2,739
47	1,247	1,628	2,061	3,093
48	1,207	1,581	1,999	2,998
49	1,400	1,836	2,259	3,391
50	944	1,236	1,494	2,242
51	1,112	1,459	1,794	2,693
52	1,112	1,459	1,794	2,693
53	1,427	1,869	2,363	3,543
54	1,610	2,111	2,550	3,825

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Proposed

BASE CLASS PREMIUM TABLE: FORM HO-3

Territory	Super Preferred	Preferred	Regular	Near Standard
55	1,152	1,508	1,826	2,739
56	1,184	1,553	1,912	2,869
57	1,207	1,581	1,999	2,998
58	1,138	1,493	1,838	2,757
59	764	1,001	1,263	1,896
60	837	1,096	1,351	2,027
61	1,162	1,525	1,842	2,763
62	1,316	1,724	2,182	3,271
63	1,152	1,508	1,826	2,739
64	1,351	1,770	2,176	3,268
65	1,138	1,493	1,838	2,757
66	1,152	1,508	1,826	2,739
67	912	1,194	1,469	2,203
68	1,322	1,728	2,089	3,134
69	1,195	1,563	1,892	2,836
70	910	1,194	1,469	2,201
71	1,175	1,534	1,892	2,838
72	1,184	1,553	1,912	2,869
73	1,186	1,551	1,912	2,870
74	1,207	1,581	1,999	2,998
75	1,111	1,454	1,760	2,640
76	1,238	1,623	1,999	2,999
77	867	1,134	1,435	2,152
78	1,022	1,334	1,645	2,468
79	766	1,001	1,268	1,900
80	1,064	1,392	1,681	2,526
81	1,152	1,508	1,826	2,739
82	1,184	1,553	1,912	2,869
83	937	1,226	1,513	2,266
84	901	1,179	1,453	2,177

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Current

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
1	161	186	278
2	168	198	295
3	161	186	277
4	155	176	266
5	161	186	277
6	161	186	277
7	161	186	277
8	161	186	277
9	161	186	277
10	161	186	277
11	161	186	277
12	158	184	274
13	161	186	277
14	161	186	277
15	158	184	273
16	174	205	306
17	161	186	277
18	168	197	294
19	161	186	277
20	161	186	277
21	163	186	278
22	161	186	277
23	158	184	273
24	161	186	277
25	161	186	277
26	160	185	275
27	163	186	278
28	161	186	277
29	161	186	277
33	161	186	277
37	156	182	272
38	161	186	277
39	163	187	279
40	164	194	290
44	161	186	277
45	161	186	277
46	161	186	277
47	166	194	289
48	161	186	277
49	161	186	277
50	161	185	277
51	161	186	277
52	161	186	277
53	161	186	277
54	174	205	306

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Current

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
55	161	186	277
56	161	186	277
57	155	179	267
58	155	179	267
59	155	179	267
60	155	179	267
61	155	179	267
62	155	179	267
63	169	197	294
64	155	179	267
65	155	179	267
66	156	180	270
67	157	179	270
68	155	179	267
69	169	197	294
70	153	176	262
71	155	179	267
72	155	179	267
73	155	179	267
74	155	179	267
75	155	179	267
76	155	179	267
77	155	179	267
78	155	179	267
79	154	175	263
80	154	176	264
81	155	179	267
82	155	179	267
83	155	179	267
84	161	186	277

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Proposed

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
1	164	190	284
2	171	202	301
3	164	190	283
4	158	180	271
5	164	190	283
6	164	190	283
7	164	190	283
8	164	190	283
9	164	190	283
10	164	190	283
11	164	190	283
12	161	188	279
13	164	190	283
14	164	190	283
15	161	188	278
16	177	209	312
17	164	190	283
18	171	201	300
19	164	190	283
20	164	190	283
21	166	190	284
22	164	190	283
23	161	188	278
24	164	190	283
25	164	190	283
26	163	189	281
27	166	190	284
28	164	190	283
29	164	190	283
33	164	190	283
37	159	186	277
38	164	190	283
39	166	191	285
40	167	198	296
44	164	190	283
45	164	190	283
46	164	190	283
47	169	198	295
48	164	190	283
49	164	190	283
50	164	189	283
51	164	190	283
52	164	190	283
53	164	190	283
54	177	209	312

ARKANSAS HOMEOWNERS

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

Revision to Base Rates
Proposed

BASE CLASS PREMIUM TABLE: FORM HO-4

Territory	Preferred	Regular	Near Standard
55	164	190	283
56	164	190	283
57	158	183	272
58	158	183	272
59	158	183	272
60	158	183	272
61	158	183	272
62	158	183	272
63	172	201	300
64	158	183	272
65	158	183	272
66	159	184	275
67	160	183	275
68	158	183	272
69	172	201	300
70	156	180	267
71	158	183	272
72	158	183	272
73	158	183	272
74	158	183	272
75	158	183	272
76	158	183	272
77	158	183	272
78	158	183	272
79	157	179	268
80	157	180	269
81	158	183	272
82	158	183	272
83	158	183	272
84	164	190	283

State: Arkansas

First Filing Company: The Automobile Insurance Company of Hartford, Connecticut, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Legacy Homeowners

Project Name/Number: 568730/

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/09/2013		Supporting Document	FILING PACKAGE	05/23/2013	AR LEG Home 5-24-13_Ver 2.pdf
05/01/2013		Supporting Document	H-1 Homeowners Abstract	05/23/2013	H-1 - AAI.pdf (Superceded) H-1 - ASF.pdf (Superceded) H-1 - TIA.pdf (Superceded)
05/01/2013		Supporting Document	HPCS-Homeowners Premium Comparison Survey	05/24/2013	AR HOSurvey-HPCS- AICH.pdf AR HOSurvey-HPCS- SFI.xls AR HOSurvey-HPCS- TIA.pdf AR HOSurvey-HPCS- SFI.pdf AR HOSurvey-HPCS- AICH.xls AR HOSurvey-HPCS- TIA.xls
05/01/2013		Supporting Document	NAIC loss cost data entry document	05/23/2013	RF1 - AAI.pdf (Superceded) RF1 - ASF.pdf (Superceded) RF1 - TIA.pdf (Superceded)

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Automobile Insurance Co. of Hartford, CT
 NAIC # (including group #) 3548-19062

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 117,619
HO-4	\$ 2,224
HO-6	\$ 4,257

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge N/A

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Signature
Woody Jones

Printed Name
Market Director

Title
(860) 277- (678) 317-7296

Telephone Number
wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Standard Fire Insurance Company
 NAIC # (including group #) 3548-19070

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 6,196,474
HO-4	\$ 48,223
HO-6	\$ 37,520

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge N/A

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277- (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name The Travelers Indemnity Company of America
 NAIC # (including group #) 3548-25666

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

N/A

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

A cost estimator is used for new business only to determine appropriate values for new business. It is not possible to estimate the impact of program business because some new homes would have been underinsured and others overinsured when issued as new business.

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

100% of the Dwelling Replacement Cost

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

The cost estimating system furnishes the user with a guide for making general estimates of cost to replace specific types of residential construction. Annual changes are published based on residential cost index for zip codes and territories in Arkansas.

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

a. Fire Extinguisher		%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	10/0	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age 50 and Retired (Prime Time) Credit	10	%
New Home Credit 0% to 31%	Max 31	%
Loss free Credit	15	
Home Buyer Credit 0% - 5%	Max 5	

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

No

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

Form	Premium Volume
HO-3	\$ 32,197
HO-4	\$ 313
HO-6	\$ 0

8. Do you write homeowner risks which have aluminum, steel, or vinyl siding? Yes No

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

If yes, state the surcharge NA

Does the surcharge apply to conventional fire places? No

If yes, state the surcharge N/A

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

Woody Jones

Signature

Woody Jones

Printed Name

Market Director

Title

(860) 277- (678) 317-7296

Telephone Number

wjones2@travelers.com

Email Address

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

1.	This filing transmittal is part of Company Tracking #	2013-05-0004
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number
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		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.	Homeowners	B.	Dwelling, Tenant		

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	11.21%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	2.56%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		10.67%					

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
2008	306	4.80%	2/17/2008	\$ 265	\$ 575	217.2%	46.8%	A. Total Production Expense	23.71%
2009	219	19.93%	5/1/2009	\$ 213	\$ 320	150.3%	37.5%	B. General Expense	6.40%
2010	151	4.31%	4/18/2010	\$ 166	\$ (93)	-56.0%	54.4%	C. Taxes, License & Fees	3.56%
2011	102	8.41%	4/1/2011	\$ 139	\$ 531	382.3%	77.3%	D. Underwriting Profit & Contingencies	13.00%
2012	80	15.13%	6/11/2012	\$ 120	\$ 28	23.3%	55.7%	E. Other (ULAE & ALAE)	13.50%
								F. TOTAL	60.17%

8. N Apply Loss Cost Factors to Future Filings? (Y or N)
9. 11.60% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
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 # 2013-05-0004

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 Standard Fire Insurance Company	B. 3548-19070

		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.	Homeowners	B. Dwelling, Tenant

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	11.14%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	2.36%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		11.01%					

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
2008	16,220	4.70%	2/17/2008	\$ 12,333	\$ 17,478	141.7%	48.9%	A. Total Production Expense	23.71%
2009	11,821	19.93%	5/1/2009	\$ 10,492	\$ 7,869	75.0%	33.8%	B. General Expense	6.40%
2010	8,398	4.15%	4/18/2010	\$ 8,307	\$ 5,300	63.8%	57.2%	C. Taxes, License & Fees	3.56%
2011	5,912	9.57%	4/1/2011	\$ 6,916	\$ 5,751	83.2%	87.2%	D. Underwriting Profit & Contingencies	13.00%
2012	4,644	15.42%	6/11/2012	\$ 6,236	\$ 2,574	41.3%	51.7%	E. Other (ULAE & ALAE)	13.50%
								F. TOTAL	60.17%

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

9. 11.69% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

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 # 2013-05-0004

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.	Homeowners	B. Dwelling, Tenant

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Policy Forms	18.05%	11.34%	N/A	N/A	N/A	N/A	N/A
Tenant Policy Forms	3.61%	2.24%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		11.25%					

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
2008	60	4.80%	2/17/2008	\$ 44	\$ 74	170.4%	54.0%	A. Total Production Expense	23.71%
2009	40	19.94%	5/1/2009	\$ 43	\$ 3	7.2%	60.4%	B. General Expense	6.40%
2010	33	5.53%	4/18/2010	\$ 43	\$ 18	40.9%	61.0%	C. Taxes, License & Fees	3.56%
2011	26	14.15%	4/1/2011	\$ 39	\$ 65	167.2%	69.6%	D. Underwriting Profit & Contingencies	13.00%
2012	19	14.64%	6/11/2012	\$ 34	\$ (1)	-2.9%	39.8%	E. Other (ULAE & ALAE)	13.50%
								F. TOTAL	60.17%

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

9. 11.50% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

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