

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Security National Insurance Company (Select)
 NAIC Number: 19879
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: AR-HO-20060301 Proposed Effective Date: 05/01/2006

Contact Person: Kristy Larson
 Signature: Kristy L. Larson
 Telephone No: 904-245-5846

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners (HO-003 / HO-0004)	14.9	10.00	73.3	N/A	N/A	N/A	N/A
<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <p style="margin: 5px 0;">By bharrington at 8:14 am, 3/29/06</p> <p style="margin: 0;">PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT</p>							
TOTAL OVERALL EFFECT	14.9	10.00	73.3	N/A	N/A	N/A	N/A

N/A Apply Lost Cost Factors to Future Filings? (Y or N)
10.0% Estimated Maximum Rate Increase for any Arkansas Insured (%)
0.0% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2001	1340	3.2	05/01/01	719,634	955,119	133.1	72.1
2002	1235	6.6	06/01/02	739,295	469,996	64.2	52.8
2003	1109	25.2	08/15/03	787,362	476,859	62.2	58.6
2004	893	N/A	N/A	778,540	451,222	62.5	57.2
2005	582	2.2	01/01/05	489,065	106,143	29.0	60.5

Expense Constants	Selected Provisions
A. Total Production Expense	15.99
B. General Expense	9.51
C. Taxes, License & Fees	4.09
D. Underwriting Profit & Contingencies	5.00
E. Other (explain)	0.00
F. TOTAL	34.59