

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

1.	This filing transmittal is part of Company Tracking #	R17671
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	Not applicable

Company Name		Company NAIC Number	
3.	A. Allstate Property & Casualty Insurance Company	B.	008-17230

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 04.0 Homeowners	B.	04.0003 Owner Occupied Homeowners

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
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
	N/A	N/A	N/A	N/A	N/A	N/A	

7.

Expense Constants	Selected Provisions
A. Total Production Expense	4.4%
B. General Expense	3.9%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit & Contingencies	14.5%
E. Other (explain)	13.5%
F. TOTAL	39.4%

8. _____ Apply Lost Cost Factors to Future filings? (Y or N)
9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. _____ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____