NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**R17858**

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.**	**Allstate Indemnity Company**	**B.**	**19240**

		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.**	**Owners**	**B.**	

5.

(A) COVERAGE (See Instructions)	(B) Indicated Rate Level Change	(C) Requested Rate Level Change	FOR LOSS COSTS ONLY (D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	**42.4%**	**17.8%**					
TOTAL OVERALL EFFECT							

FILED

By bharrington at 8:27 am, 7/27/07

PROPERTY & CASUALTY

ARKANSAS INSURANCE DEPARTMENT

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	**16,562**			**8,364**			
2004	**22,956**			**13,591**			
2005	**26,174**			**17,865**			
2006	**22,675**			**17,735**			
2007	**19,741**	**17.8%**	**8/06/07**	**14,821**			

7.

Expense Constants	Selected Provisions
A. Other Acquisition	**4.4%**
B. General Expense	**3.9%**
C. Taxes, License & Fees	**3.1%**
D. Underwriting Profit	**13.2%**
E. Commissions	**13.5%**
F. TOTAL	**38.1%**

8. _____Apply Lost Cost Factors to Future filings? (Y or N)

9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ____19.9%_____

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