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

1.	This filing transmittal is part of Company Tracking #	AR-H-07-1-MED

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

		Company Name		Company NAIC Number
3.	**A.**	Amica Mutual Insurance Company	**B.**	028-19976

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4.	**A.**	04.0 Homeowners	**B.**	04.0000 HO-Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY (E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling	N/A	-4.6%	.492				
Tenants	N/A	-0.5%	.492				
Condominiums	N/A	-1.3%	.492				
TOTAL OVERALL EFFECT	N/A	-4.4%	.492				

FILED

By bharrington at 8:41 am, 1/24/07

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
2005	291	3.7	10/01/05	284	46	.162	.541
2004	281	5.0	08/01/04	238	228	.958	.590
2003	243	19.1	05/01/03	179	48	.268	.564
2002	167	---	---	61	9	.148	.572
2001	21	---	Introduction	2	0	.000	.622

7.

Expense Constants	Selected Provisions
A. Total Production Expense	14.1%
B. General Expense	4.5%
C. Taxes, Licenses & Fees	3.4%
D. Underwriting Profit & Contingencies	3.8%
E. Other-anticipated dividend)	25.0%
F. TOTAL	50.8%

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

9. 25.8% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. -8.9% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____