

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # _____

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. USAA-Garrison	B.	

	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.	B.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				(H) Co. Current Loss Cost Multiplier
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constants (If Applicable)	
Homeowners	N/A	0%					
							By bharrington at 10:06 am, 9/28/07
							PROPERTY & CASUALTY
							ARKANSAS INSURANCE DEPARTMENT
TOTAL OVERALL EFFECT	N/A	0%					

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
2006	63	-5.0%	9-01-06	15	1	5%	67%
			new				
			11-01-06				
2006	63	-5.0%	11-01-06	15	1	5%	69%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. _____ Apply Lost Cost Factors to Future filings? (Y or N)
9. **4.4%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 58-64,66-70,73,75,77
10. **-7.6%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 61,63,66,67,78