

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: EMCASCO Insurance Company
 NAIC Number: 21407
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: AR-HO-2007-01 Proposed Effective Date: 06/01/2007

Contact Person: Ann Timmons
 Signature: *Ann Timmons*
 Telephone No: 800-247-2128 x.2684

(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	-1.9%	-6.6%					
<p>FILED</p> <p>By bharrington at 3:01 pm, 3/16/07</p> <p>PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT</p>							
TOTAL OVERALL EFFECT							

N Apply Lost Cost Factors to Future Filings? (Y or N)
 33.4% Estimated Maximum Rate Increase for any Arkansas Insured (%)
 -21.2% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History		5 Year History				Selected Provisions	
		%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	
2001	2,030	9.8%	09/15/01	987	443	44.9%	127.8%	23.5%	
2002	2,018			1,061	494	46.5%	60.0%	5.0%	
2003	1,873	18.8%	01/01/03	1,075	988	91.9%	66.0%	3.3%	
2004	1,592	19.8%	04/15/04	1,090	787	72.1%	59.9%	4.4%	
2005	1,185	10.1%	11/01/05	1,038	788	76.0%	60.8%		
								E. Other (explain)	
								F. TOTAL	36.2%