

ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT

Form RF-1  
Rev. 4/96

Insurer Name: Employers Mutual Casualty Company  
 NAIC Number: 062-21415  
 Name of Advisory Organization Whose Filing You are Referencing ISO

Contact Person: Stephanie McBride  
 Signature: \_\_\_\_\_  
 Telephone No: 800-247-2128 ext 2684

Co. Affiliation to Advisory Organization: Member X Subscriber \_\_\_\_\_ Service Purchaser : \_\_\_\_\_  
 Reference Filing #: DP-2006-RLA1, DP-2004-RLA1, DP-2004-RRU1, DP-2003-RLC1, DP-2002-RLC1 Proposed Effective Date: 10/01/2007

(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
Dwelling Fire		0.7%	0.653	1.000	1.530	NA	1.490
<b>FILED</b>							
By bharrington at 11:07 am, 7/11/07							
<b>PROPERTY &amp; CASUALTY</b>							
<b>ARKANSAS INSURANCE DEPARTMENT</b>							
TOTAL OVERALL EFFECT		0.7%	0.653	1.000	1.530		1.490

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

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

5 Year History

Rate Change History								Selected Provisions	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	21.0%
2002	160	3.8%	10/15/2002	\$52	\$38	0.730	0.624	B. General Expense	5.5%
2003	152			\$56	\$46	0.824	0.689	C. Taxes, Licence & Fees	3.3%
2004	159			\$56	\$5	0.092	0.621	D. Underwriting Profit & Contingencies	4.9%
2005	129			\$51	\$4	0.075	0.709	E. Other (explain)	
2006	103			\$43	(\$120)	(0.003)	0.510	F. TOTAL	34.7%