

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Employers Mutual Casualty Company
 NAIC Number: 21415
 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%	-2.3%					
<p>FILED</p> <p>By bharrington at 3:00 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		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	Selected Provisions	
		%	Eff. Date					A.	
2001	551	9.8%	09/15/01	251	381	151.4%	96.2%	A. Total Production Expense	23.5%
2002	579			295	267	90.7%	76.4%	B. General Expense	5.0%
2003	610	18.8%	01/01/03	320	604	188.5%	78.2%	C. Taxes, License & Fees	3.3%
2004	552	19.7%	04/15/04	348	66	18.8%	88.2%	D. Underwriting Profit & Contingencies	4.4%
2005	462	12.2%	11/01/05	362	197	54.4%	110.3%	E. Other (explain)	
								F. TOTAL	36.2%