

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

1.	This filing transmittal is part of Company Tracking #	HO AR0616101R01
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. Massachusetts Bay Insurance Company	B.	0088-22306

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. 4.0000	B.	4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY			
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)
HO 2,3	5.7%	4.8%				
HO 4	N/A	N/A				
HO 6	-0.4%	-0.1%				
					By bharrington at 10:34 am, 5/30/07	
					PROPERTY & CASUALTY	
TOTAL OVERALL EFFECT	5.7%	4.8%			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
2002	5,134	7.2%	11/1/2002	\$2,654	\$1,607	60.5%	50.0%
2003	5,131	4.7%	11/1/2003	\$3,082	\$1,536	49.8%	57.6%
2004	5,005	4.9%	11/1/2004	\$3,212	\$1,132	35.2%	56.6%
2005	4,630	5.7%	11/1/2005	\$3,249	\$926	28.5%	106.1%
2006	3,817	2.0%	7/1/2006	\$3,105	\$4,997	160.9%	69.2%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	18.2%
B. General Expense	10.4%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit & Contingencies	7.8%
E. Other (explain)	0.0%
F. TOTAL	39.5%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. -22.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 53.2% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____