NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FN.14.799.2007.01

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.**	Hartford Accident and Indemnity Company	**B.**	22357

		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 (D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Forms 2, 3	21.1%	5.1%					
Forms 4, 6	0.9%	0.0%					
TOTAL OVERALL EFFECT	22.6%	5.0%					

FILED

By bharrington at 8:02 am, 3/16/07

PROPERTY & CASUALTY
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	254	20.0%	7/2/2002	143	152	106.3%	58.8%
2003	233	19.6%	1/3/2003	177	47	26.6%	42.1%
2004	231	10.8%	1/6/2004	199	16	8.0%	40.0%
2004	231	-0.9%	8/3/2004	199	16	8.0%	40.0%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	11.4
B. General Expense	12.6
C. Taxes, License & Fees	3.3
D. Underwriting Profit & Contingencies	10.7
E. Other (explain)	
F. TOTAL	38

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
9. 5% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC