

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

FILED

1.	This filing transmittal is part of Company Tracking #	03M20207
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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	By bharrington at 2:09 pm, 2/9/07
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Company Name		Company NAIC Number	
3.	A. Shelter Mutual Insurance Company	B.	23388

PROPERTY & CASUALTY
ARKANSAS INSURANCE DEPARTMENT

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. Shelter Mutual Homeowners	B.	Homeowners

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	N/A	-0.4	66.0	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		-0.4%					

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	40,255	+15.1	4/18/2002	28,824	25,907	89.9	119.5
2003	41,635	+12.9	11/28/2002	33,759	19,690	58.3	83.6
2004	43,025	+3.4	8/25/2004	36,290	18,129	50.0	52.4
2005	44,567			38,234	15,552	40.7	99.5
2006	45,776						

Expense Constants	Selected Provisions
A. Total Production Expense	17.9
B. General Expense	6.8
C. Taxes, Licenses & Fees	2.8
D. Underwriting Profit & Contingencies	6.5
E. Other (explain)	
F. TOTAL	34.0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
10. -26.1% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 57