

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FN.14.799.2007.01
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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
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3.	A.	Company Name Twin City Fire Insurance Company	B.	Company NAIC Number 29459
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4.	A.	Product Coding Matrix Line of Business (i.e., Type of Insurance)	B.	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
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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%					
			By bharrington at 8:27 am, 3/16/07				
			PROPERTY & CASUALTY				
			ARKANSAS INSURANCE DEPARTMENT				
TOTAL OVERALL EFFECT	22.6%	5.0%					

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	281	20.0%	7/2/2002	203	31	15.3%	53.7%
2003	280	19.6%	1/3/2003	238	710	298.3%	44.4%
2004	297	10.8%	1/6/2004	279	-88	-31.5%	60.4%
2004	297	-0.9%	8/3/2004	279	-88	-31.5%	60.4%

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