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

1.	This filing transmittal is part of Company Tracking #	2007-05-0069

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	

		Company Name		Company NAIC Number
3.	A.	Travelers Commercial Insurance Company	B.	3548-36137

		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.	Homeowners	B.	Homeowners

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
Dwelling	N/A	0.9%					
TOTAL OVERALL EFFECT	N/A	0.9%					

FILED

By bharrington at 8:58 am, 8/1/07

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

7.

Expense Constants	Selected Provisions
A. Total Production Expense	22.3%
B. General Expense *	9.0%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	9.8%
E. Other (explain)	
F. TOTAL	44.1%

B. * Includes Other Acquision Expense

8. N Apply Loss Cost Factors to Future Filings? (Y or N)
9. 15.7% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 117
10. -8.4% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 165

PC RLC