

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: American Modern Select Insurance
 NAIC Number: _____
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 12/1/2007

Contact Person: _____
 Signature: _____
 Telephone No: _____

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
DP1	22.3%	-0.10%	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <p style="margin: 0;">By bharrington at 9:41 am, 10/24/07</p> <p style="margin: 0; text-align: center;">PROPERTY & CASUALTY</p> <p style="margin: 0; text-align: center;">ARKANSAS INSURANCE DEPARTMENT</p>				
TOTAL OVERALL EFFECT							

N Apply Lost Cost Factors to Future Filings? (Y or N)
6.63% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-14% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

								Selected Provisions
		Rate Change History		5 Year History	Incurred	Arkansas	Countrywide	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	
2006	419	-	-	141	34	.302	.575	A. Total Production Expense <u>23.3%</u>
_____	_____	_____	_____	_____	_____	_____	_____	B. General Expense <u>18.4%</u>
_____	_____	_____	_____	_____	_____	_____	_____	C. Taxes, License & Fees <u>2.8%</u>
_____	_____	_____	_____	_____	_____	_____	_____	D. Underwriting Profit & Contingencies <u>6.6%</u>
_____	_____	_____	_____	_____	_____	_____	_____	E. Other (explain) <u>0.8%</u>
_____	_____	_____	_____	_____	_____	_____	_____	F. TOTAL <u>51.9</u>