

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

1.	This filing transmittal is part of Company Tracking #	
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.	Economy Premier Assurance Company (former Economy Program)	B.	40649

		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.	

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)
Owners	N/A	0.0%				
Renters/Condo	N/A	0.0%				
By bharrington at 7:32 am, 4/13/07						
PROPERTY & CASUALTY						
ARKANSAS INSURANCE DEPARTMENT						
TOTAL OVERALL EFFECT	N/A	0.0%				

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
2001	1688	+9.7%	10/15/01	972,617	1,153,359	119%	113%
2002	1441	+19.4%	10/15/02	1,050,519	1,149,298	109%	83%
2003	1123			989,418	654,561	66%	46%
2004	914	4.5%	09/30/04	883,927	121,305	14%	47%
2005	901	-1.4%	09/30/05	788,805	174,823	22%	65%

7.

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

8. _____ Apply Lost Cost Factors to Future filings? (Y or N)
9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 1.6%, Territory 30
10. _____ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): -14.3%, Territory 30