Form RF-9
Rev. 4/96

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Insurer Name: Encompass Indemnity Company
NAIC Number: 008-15130
Name of Advisory Organization Whose Filing You Are Referencing: N/A
Co. Affiliation to Advisory Organization: Member ____ Subscriber ____ Service Purchaser ____
Reference Filing #: ER 0701 Proposed Effective Date: 04/28/2008 NB, 06/05/2008 REN

Contact Person: Carrie Deppe
Signature:
Telephone No: (847) 402 2774

(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
Homeowners	23.2%	7.0%					
Condo/Renter	23.2%	7.1%					
Dwelling Fire	67.1%	19.0%					
Other than Auto Balance	-1.2%	0.0%					
TOTAL OVERALL EFFECT	22.1%	6.8%					

FILED
By Becky Harrington at 10:48 am, 3/19/08
PROPERTY & CASUALTY
ARKANSAS INSURANCE DEPARTMENT

No Apply Loss Cost Factors to Future Filings? (Y or N)
N/A Estimated Maximum Rate Increase for any Arkansas Insured (%)
N/A Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Year	Policy Count	Rate Change History %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2003	1	0.3%	8/15/03	1	0	0%	22%
2004	242	-0.4%	5/1/04	273	75	27.6%	46%
2005	970	0.0%	10/6/05	1,091	541	49.6%	122%
2006	1,494			1,767	1,132	64.1%	49%
2007	1,655			2,073	1,881	90.7%	50%

		Selected Provisions
A.	Total Production Expense	16.1%
B.	General Expense	8.1%
C.	Taxes, License & Fees	2.9%
D.	Underwriting Profit & Contingencies	9.1%
E.	Other (explain)	0.9%
F.	TOTAL	37.1%