

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

1.	This filing transmittal is part of Company Tracking #	ER-0820
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. Encompass Indemnity Company	B.	008-15130

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. 04.0 Homeowners	B.	04.0000 Homeowners Sub-TOI Combinations

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)
Home	15.1%	9.7%				
Condo	15.1%	9.7%				
Renter	15.1%	9.7%				
Dwelling Fire	62.6%	9.7%				
Other Than Auto Balance	2.0%	0.0%				
			PROPERTY & CASUALTY			
			ARKANSAS INSURANCE DEPARTMENT			
TOTAL OVERALL EFFECT	15.6%	9.0%				

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
2003	1	0.3%	8/15/03	1	0	0.0%	22%
2004	242	-0.4%	5/1/04	273	75	27.6%	46%
2005	970	0.0%	10/6/05	1091	541	49.6%	122%
2006	1494	6.8%	6/5/08	1767	1132	64.1%	49%
2007	1655			2073	1881	90.7%	50%

7.

Expense Constants	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%

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