

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

1.	This filing transmittal is part of Company Tracking #	AR-H-08-1-RR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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Company Name		Company NAIC Number	
3.	A. Amica Mutual Insurance Company	B.	028-19976

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 04.0 Homeowners	B.	04.0000 HO-Sub-TOI Combinations

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling	N/A	8.2%					
Tenants	N/A	-0.5%					
Condominiums	N/A	-5.4%					
				By Becky Harrington at 1:20 pm, 2/20/08			
				PROPERTY & CASUALTY			
TOTAL OVERALL EFFECT		+7.7		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
2007	257	-4.4	04-1-07	314	280	.892	.365
2006	270	--	--	313	296	.946	.371
2005	291	3.7	10-1-05	284	46	.162	.539
2004	281	5.0	08-1-04	238	228	.958	.592
2003	243	19.1	05-1-03	179	48	.268	.564

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	13.5
B. General Expense	3.4
C. Taxes, Licenses & Fees	3.4
D. Underwriting Profit & Contingencies	4.6
E. Other-Anticipated Dividend	25.0
F. TOTAL	49.9

8. N Apply Loss Cost Factors to Future filings? (Y or N)
9. +42% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): 533
10. -21% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 633