

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Employers Mutual Casualty Company
 NAIC Number: 062-21415
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: _____ Proposed Effective Date: 10/1/2008

Contact Person: Stephanie McBride
 Signature: *Stephanie McBride*
 Telephone No: 800-247-2128 ext 2684

(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	-5.9%	-0.3%	<p>FILED</p> <p>By Becky Harrington at 1:37 pm, 7/16/08</p> <p>PROPERTY & CASUALTY</p> <p>ARKANSAS INSURANCE DEPARTMENT</p>				
TOTAL OVERALL EFFECT							

N Apply Lost Cost Factors to Future Filings? (Y or N)
 58.0% Estimated Maximum Rate Increase for any Arkansas Insured (%)
 -33.8% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	Selected Provisions	
		%	Eff. Date					A.	B.
2003	610	18.8%	01/01/03	320,268	603,845	188.5%	78.2%	A. Total Production Expense	24.5%
2004	553	19.7%	04/15/04	348,032	65,581	18.8%	89.4%	B. General Expense	5.5%
2005	462	12.2%	11/01/05	361,848	180,505	49.9%	110.2%	C. Taxes, License & Fees	3.2%
2006	332			317,055	56,723	17.9%	53.1%	D. Underwriting Profit & Contingencies	2.2%
2007	259	-2.3%	06/01/07	266,670	69,560	26.1%	32.1%	E. Other (explain)	0.4%
								F. TOTAL	35.8%