

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

1.	This filing transmittal is part of Company Tracking #	HO-AR-08070-01R
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

Company Name		Company NAIC Number	
3.	A. Hanover Insurance Company	B.	0088-22292

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. 4.0000	B.	4.0000

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 Post Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
HO 2,3	12.0%	2.8%					
HO 4	1.3%	4.0%					
HO 6	-1.3%	4.7%					
PROPERTY & CASUALTY							
ARKANSAS INSURANCE DEPARTMENT							
TOTAL OVERALL EFFECT	11.8%	2.9%					

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
2002	1,630	12.5%	11/1/2002	\$618	\$302	48.8%	45.6%
2003	1,665	5.8%	11/1/2003	\$944	\$930	98.5%	49.1%
2004	1,645	7.0%	11/1/2004	\$1,041	\$570	54.7%	64.5%
2005	1,500	7.4%	11/1/2005	\$1,070	\$276	25.8%	95.9%
2006	1,243	1.7%	7/1/2006	\$994	\$854	85.9%	54.4%
2007	1,078	7.6%	7/15/2007	\$896	\$486	54.3%	36.3%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	18.5%
B. General Expense	12.0%
C. Taxes, License & Fees	3.3%
D. Underwriting Profit & Contingencies	2.0%
E. Other (explain)	0.0%
F. TOTAL	35.8%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 30% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 49
10. -35% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): 64