

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	DF-AR-08327-01R
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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	
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		Company Name			Company NAIC Number
3.	A.	Mass Bay	B.	0088-22306	
		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.	Property	B.	Fire and Allied Lines	

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Fire	16.0%	5.0%					
				By Becky Harrington at 8:31 am, 8/29/08			
				PROPERTY & CASUALTY			
				ARKANSAS INSURANCE DEPARTMENT			
TOTAL OVERALL EFFECT	16.0%	5.0%					

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	846	0.0%	-	333058	75306	.23	
2004	772	0.0%	-	328195	295652	.9	
2005	757	0.0%	-	330326	225832	.68	
2006	702	0.0%	-	324407	539052	1.66	
2007	704	0.0%	-	330728	11353	.4	

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	15.1%
B. General Expense	11.5%
C. Taxes, License & Fees	3.6%
D. Underwriting Profit & Contingencies	5.2%
E. Other (explain)	9.4%
F. TOTAL	44.8%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 5.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 5.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____