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.**	Massachusetts Bay Insurance Company	**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.**	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 Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
HO 2,3	**12.0%**	**3.8%**					
HO 4	**N/A**	**N/A**					
HO 6	**-1.3%**	**3.6%**					
TOTAL OVERALL EFFECT	**11.8%**	**3.8%**					

FILED

By Becky Harrington at 9:21 am, 3/19/08

PROPERTY & CASUALTY

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
2002	5,134	7.2%	11/1/2002	$2,654	$1,607	60.5%	50.0%
2003	5,131	4.7%	11/1/2003	$3,082	$1,536	49.8%	57.6%
2004	5,005	4.9%	11/1/2004	$3,212	$1,132	35.2%	56.6%
2005	4,630	5.7%	11/1/2005	$3,249	$926	28.5%	106.1%
2006	3,817	2.0%	7/1/2006	$3,105	$4,997	160.9%	69.2%
2007	3,373	4.8%	7/15/2007	$2,751	$883	32.1%	34.5%

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. 37% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 49

10. -49% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): 49