

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

1. This filing transmittal is part of Company Tracking # 2007-12-0059

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

Company Name	Company NAIC Number
A. The Travelers Indemnity Company of America	B. 3548-25666

Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
A. Homeowners	B. Homeowners

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
All Homeowner Forms	19.0%	4.7%					
			By Becky Harrington at 9:44 am, 1/2/08				
			PROPERTY & CASUALTY				
			ARKANSAS INSURANCE DEPARTMENT				
TOTAL OVERALL EFFECT							

6. 5 Year History		Rate Change History						7.	
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2007	65	7.4%	2/18/2007	54	22	0.401	0.317	A. Total Production Expense	22.8%
2006	67			52	383	7.321	0.327	B. General Expense	9.0%
2005	54	2.4%	11/12/2005	43	72	1.676	0.344	C. Taxes, License & Fees	3.2%
2004	42	7.8%	9/25/2004	28	6	0.210	0.357	D. Underwriting Profit & Contingencies	11.4%
2003	33	11.3%	7/25/2003	18	50	2.805	0.418	E. Other (explain)	
								F. TOTAL	46.4%

8. N Apply Loss Cost Factors to Future Filings? (Y or N)

9. 5.3% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): 67  
multiple