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

1.	This filing transmittal is part of Company Tracking #	2008-02-0045

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
3.	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)
4.	A.	Property	B.	Personal Property

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
Homesaver Forms	33.40%	5.30%					
TOTAL OVERALL EFFECT							

FILED

By Becky Harrington at 8:53 am, 2/27/08

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

7.

Expense Constants	Selected Provisions
A. Total Production Expense	22.8%
B. General Expense	9.0%
C. Taxes, License & Fees	3.2%
D. Underwriting Profit & Contingencies	11.4%
E. Other (explain)	
F. TOTAL	46.4%

8. N Apply Loss Cost Factors to Future Filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC