

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

1.	This filing transmittal is part of Company Tracking #	
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.	Metropolitan Property and Casualty Insurance Company	B.	26298

		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.	Homeowners	B.	

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)
Owners	N/A	2.6%				
Renters	N/A	2.5%				
Landlords	N/A	0.4%				
Mobile Home	N/A	0%				
Dwelling Fire	N/A	2.5%				
TOTAL OVERALL EFFECT						
			<b>FILED</b> By Becky Harrington at 8:22 am, 2/22/08 <b>PROPERTY &amp; CASUALTY</b> <b>ARKANSAS INSURANCE DEPARTMENT</b>			

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
2001	647	+6.1%	06/15/01	414,034	499,014	121%	52%
2002	836	+14.9%	07/01/02	520,810	218,700	42%	48%
2003	875			704,567	338,192	48%	48%
2004	1000	+3.0%	07/31/04	829,315	454,839	55%	47%
2005	1527	-3.5%	09/22/05	1,264,815	518,574	41%	68%
2007	3011	0.00%	4/23/07	269,4769	896166	33%	NA

7.

Expense Constants	Selected Provisions
A. Total Production Expense	22.6%
B. General Expense	3.1%
C. Taxes, License & Fees	3.32%
D. Underwriting Profit & Contingencies	8.66%
E. Other (explain)	
F. TOTAL	37.7%

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