

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Nationwide Assurance Company
 NAIC Number: 10723
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: N/A Proposed Effective Date: 3/15/2007

Contact Person: Lisa Livengood
 Signature: *Lisa R. Livengood*
 Telephone No: 614-249-4943

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Bodily Injury	2.4	2.4					
Property Damage	6.0	6.0					
Medical Expense/Excess Medical	-3.7	-3.7					
Comprehensive	2.4	2.4					
Collision	0.5	0.5					
UM/UIM – Bodily Injury	-0.6	-0.6					
UM/UIM – Property Damage	0.3	0.3					
Loss of Use	-5.5	0.0					
Towing and Labor	-1.8	0.0					
TOTAL OVERALL EFFECT	2.9	2.9					

NA Apply Lost Cost Factors to Future Filings? (Y or N)
12.10% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-8.20% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Year	Policy Count	Rate Change History		5 Year History		Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)		
2006	8532	-0.3	9/15/06	9917	4947	49.9%	52.5%
2006	9253	2.7	3/15/06	12740	5397	42.4%	54.6%
2005	8638	-0.9	9/15/05	10651	4605	43.2%	54.9%
2005	8815	0.0	3/15/05	11412	5615	49.2%	53.7%
2004	8005	1.0	9/15/04	11412	5615	49.2%	53.7%
2003	5935	3.4	3/15/03	6506	3279	50.4%	45.1%
2002	263	3.9	9/15/03	16	0	0.0%	36.2%

	Selected Provisions
A. Total Production Expense	<u>NA</u>
B. General Expense	<u>NA</u>
C. Taxes, License & Fees	<u>NA</u>
D. Underwriting Profit & Contingencies	<u>NA</u>
E. Other (explain)	<u>NA</u>
F. TOTAL	<u>NA</u>