

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: State Auto National Insurance Company
 NAIC Number: 19530
 Name of Advisory Organization Whose Filing You Are Referencing _____
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: _____ Proposed Effective Date: May 17, 2007

Contact Person: John Hinton
 Signature: _____
 Telephone No: 317-931-7420

(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	9.2	4.6					
Property Damage	6.8	5.4					
PIP Medical	0.6	0.4					
Workloss/AD	3.3	1.1					
UM/UIM BI	4.7	0.0					
UM PD	-1.7	0.0					
Liability Total	7.6	4.6					
Other Than Collision	3.4	3.1					
Collision	-1.3	-1.2					
Physical Damage Total	-0.0	-0.1					
TOTAL OVERALL EFFECT	5.7	3.4					

N/A Apply Loss Cost Factors to Future Filings (Y or N)
28.10% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-15.60% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History								Selected Provisions	
Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio			
2002	2423	+5.3 05/17/2002	2689	2049	76.2%	76.3	A.	Total Production Expense	_____
2003	2809	+6.8 05/17/2003	3559	2154	60.5%	71.4	B.	General Expense	_____
2004	2266	+4.1 05/17/2004	3319	1947	58.7%	60.1	C.	Taxes, License & Fees	_____
2005	2809	+0.5 05/17/2005	2562	1174	45.8%	52.5	D.	Underwriting Profit & Contingences	_____
2006	2322	-6.7 04/17/2006					E.	Other (explain)	_____
							F.	TOTAL	_____