

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: State Automobile Mutual Insurance Company
 NAIC Number: 25135
 Name of Advisory Organization Whose Filing You Are Referencing _____
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: _____ Proposed Effective Date: 11/15/07

Contact Person: Stacey Bitler
 Signature: _____
 Telephone No: 800-695-9436 (ext. 5490)

(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
Custom Fit Auto Program	N/A						
Combined Single Limit		-6.5%					
Bodily Injury		-7.5%					
Property Damage		0.0%					
Medical Payments		0.0%					
UM/UIM		0.0%					
Liability Total							
CustomFit Auto							
Other Than Collison		-10.1%					
Collision		-19.1%					
Physical Damage Total							
TOTAL OVERALL EFFECT		-8.9%					

N/A Apply Loss Cost Factors to Future Filings (Y or N)
0% Estimated Maximum Rate Increase for any Arkansas Insured (%)
12% 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	A. Total Production Expense	See Exhibit V	
2002	N/A	N/A N/A	N/A	N/A	--	63.3	B. General Expense	_____	
2003	N/A	N/A N/A	N/A	N/A	--	62.0	C. Taxes, License & Fees	_____	
2004	N/A	N/A N/A	N/A	N/A	--	50.5	D. Underwriting Profit & Contingences	_____	
2005	N/A	N/A N/A	N/A	N/A	--	53.4	E. Other (explain)	_____	
2006	N/A	0 11/15/2006	35	3	9.8%	50.7	F. TOTAL	_____	