Form RF-1
Rev. 4/96

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Insurer Name: Encompass Indemnity Company
NAIC Number: 008-15130
Name of Advisory Organization Whose Filing You Are Referencing:
Co. Affiliation to Advisory Organization: Member ____ Subscriber ____ Service Purchaser ____
Reference Filing #: 05-R0284 Proposed Effective Date: September 21, 2005 New
October 6, 2005 Renewal

Contact Person: Michael Peterson
Signature:
Telephone No: (773) 412-6236

(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	N/A	0.0%					
Property Damage	N/A	0.0%					
UM/UIM	N/A	0.0%					
Comprehensive	N/A	0.0%					
Collision	N/A	0.0%					
TOTAL OVERALL EFFECT	N/A	0.0%					

No Apply Loss Cost Factors to Future Filings? (Y or N)
24.9% Estimated Maximum Rate Increase for any Arkansas Insured (%)
31.6% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Year	Policy Count	Rate Change History %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2000	N/A	N/A	N/A	N/A	N/A	N/A	75.6%
2001	N/A	N/A	N/A	N/A	N/A	N/A	69.2%
2002	8	N/A	N/A	11,336	-	0.0%	64.3%
2003	169	N/A	N/A	267,290	12,847	4.8%	56.6%
2004	432	0%	5/1/2004	643,829	80,271	12.5%	53.6%

		Selected Provisions Liab	Selected Provisions Phy. Dam.
A.	Total Production Expense	15.8%	15.8%
B.	General Expense	10.1%	10.1%
C.	Taxes, License & Fees	2.6%	2.6%
D.	Underwriting Profit & Contingencies	3.1%	9.3%
E.	Other	1.1%	1.1%
F.	TOTAL	32.7%	38.9%