ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev.3/98

Insurer Name: PROGRESSIVE HALCYON INSURANCE COMPANY
NAIC Number: 16322
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: 06/01/2006

Contact Person: Kate Terry
Signature: Kate Terry
Telephone No: 804-364-6774

(1) LINE OF COVERAGE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	(4) Expected Loss and LAE Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
BI	-8.8%	-15.7%	80.8%	N/A	N/A	N/A	N/A
PD	15.7%	17.6%	80.8%				
UM/UIM	13.7%	19.0%	80.8%				
UMPD	3.1%	10.2%	80.8%				
PIP	-6.3%	-11.2%	80.8%				
COMP	22.1%	21.8%	80.8%				
COLL	3.5%	2.4%	80.8%				
ACQUISITION EXPENSE	15%	8.0%	80.8%				
TOTAL OVERALL EFFECT	4.4%	1.7%	80.8%				

N — Apply Lost Cost Factors to Future Filings? (Y or N)
12% — Estimated Maximum Rate Increase for any Arkansas Insured (%)
-40% — Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RP-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
2005	7,798	-0.5%	6/04	15,852	8,100	51.10%	53.96%
2004	6,989	0.0%	11/03	13,667	7,909	57.79%	51.65%
2003	6,060	4.3%	1/03	10,179	4,913	48.27%	54.92%
2002	4,580	0.0%	9/02	7,814	4,064	52.01%	54.97%
2001	3,933	8.7%	12/01	6,453	4,040	62.60%	58.01%

	Selected Provisions
A. Total Production Expense	8.7%
B. General Expense	0.0%
C. Taxes, License & Fees	5.5%
D. Underwriting Profit & Contingencies	5.0%
E. Other (Explain)	0.0%
F. Total	19.2%