

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 3/98

Insurer Name: USAA Casualty Insurance Company
 NAIC Number: 200-25968
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 02/01/2006

Contact Person: Kathy Blair, CPCU
 Signature: Kathy Blair
 Telephone No: 800 531-8722, ext. 82575

(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
Residual Bodily Injury	N/A	-1.0					
Uninsured Motorists	N/A	0.0					
Medical Payments	N/A	0.0					
Property Damage	N/A	-1.7					
Comprehensive	N/A	0.0					
Collision	N/A	-7.3					
TOTAL OVERALL EFFECT	N/A	-2.5					

N Apply Lost Cost Factors to Future Filings? (Y or N)
6.0% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-7.0% 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		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	B. General Expense	C. Taxes, License & Fees	D. Underwriting Profit & Contingencies	E. Other (explain)	F. TOTAL
		%	Eff. Date										
00	6,938	6.2	01/31/03	7,742	5,218	67.4%	N/A						
01	7,058	-5.1	02/06/04	8,615	6,453	74.9%	N/A						
02	7,244	-5.0	10/31/04	9,382	6,118	65.2%	N/A						
03	7,621	0.2	07/03/05	10,614	6,956	65.5%	N/A						
04	8,025	0.0	07/04/05	11,193	5,823	52.0%	N/A						