

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: PROGRESSIVE CASUALTY INSURANCE COMPANY Contact Person: James Roche
 NAIC Number: 24260 Signature: _____
 Name of Advisory Organization Whose Filing You Are Referencing: N/A Telephone No: (804) 364-6649
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: N/A Proposed Effective Date: 01/08/2007

(1) LINE OF COVERAGE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	(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
BI	-3.5%	-3.9%	74.0%	N/A	N/A	N/A	N/A
PD	-10.7%	-10.7%	74.0%				
UMBI	7.3%	7.2%	74.0%				
UMPD	-8.3%	-8.4%	74.0%				
PIP	9.0%	8.8%	74.0%				
COMP	9.3%	9.2%	74.0%				
COLL	-7.6%	-7.8%	74.0%				
TOTAL OVERALL EFFECT	-5.0%	-4.9%	74.0%				

N Apply Loss Cost Factors to Future Filings? (Y or N)
10% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-46% 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 %	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2005	2158	1.2%	05/10	8550	2841	33.2%	52.7%
2004	3453	-0.2%	04/08	12243	5644	46.1%	53.4%
2003	4224	0.7%	11/03	15464	7135	46.1%	56.6%
2002	5607	4.9%	4/03	15361	9308	60.6%	56.3%
2001	6803	5.0%	9/02	13283	7104	53.5%	58.6%

Selected Provisions

A. Total Production Expense	16.0%
B. General Expense	2.1%
C. Taxes, License & Fees	4.3%
D. Underwriting Profit & Contingencies	4.0%
E. Other (Explain)	0.0%
F. Total	26.3%