

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: PROGRESSIVE CASUALTY INSURANCE COMPANY Contact Person: Andrew Rose
 NAIC Number: 24260 Signature: _____
 Name of Advisory Organization Whose Filing You Are Referencing N/A Telephone No: (804) 364-6776
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: N/A Proposed Effective Date: 02/22/2006

(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	-5.5%	-3.1%	74.1%	N/A	N/A	N/A	N/A
PD	7.2%	6.1%	74.1%				
UMBI	15.4%	-4.0%	74.1%				
UMPD	0.6%	0.6%	74.1%				
PIP	-2.2%	-3.1%	74.1%				
COMP	16.6%	14.5%	74.1%				
COLL	-2.9%	-1.9%	74.1%				
TOTAL OVERALL EFFECT	0.9%	1.2%	74.1%				

N Apply Loss Cost Factors to Future Filings? (Y or N)
12% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-31% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Rate Change History			AR Earned		Incurred		Arkansas	Countrywide
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	
2004	3453	-0.2%	8/04	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%	
2000	35400	0.7%	12/01	14441	8738	60.5%	62.2%	

Selected Provisions

A. Total Production Expense	<u>15.7%</u>
B. General Expense	<u>1.7%</u>
C. Taxes, License & Fees	<u>4.5%</u>
D. Underwriting Profit & Contingencies	<u>4.0%</u>
E. Other (Explain)	<u>0.0%</u>
F. Total	<u>25.9%</u>