

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Metropolitan Property and Casualty Insurance Company
 NAIC Number: 241-26298
 Name of Advisory Organization Whose Filing You are Referencing _____
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: _____

Contact Person: Richard E. Collard
 Signature: Richard E. Collard
 Telephone No: 1-800-257-5049

(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						
Property Damage	n/a						
UM/UIM/UMPD	n/a						
Personal Injury Protection	n/a						
Comprehensive	n/a						
Collision	n/a						
Towing	n/a						
TOTAL OVERALL EFFECT	n/a	0					

N/A Apply Lost Cost Factors to Future Filings? (Y or N)
14.3 Estimated Maximum Rate Increase for any Arkansas Insured (%)
-5.5 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

		Rate Change History		5 Year History				Selected Provisions	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	
2002	843	6	4/15/2002	607	260	42.9	64.0	B. General Expense	<u>25</u>
2003	884			681	372	54.6	65.2	C. Taxes, License & Fees	<u>3.3</u>
2004	919	0.0	7/15/2004	703	187	26.6	58.3	D. Underwriting Profit & Contingencies	<u>3.0</u>
2005	942	-3.1	3/31/2005	982	521	53.1	58.6	E. Other (explain)	<u>7.0</u>
2005	942	-3.7	7/30/2005	982	521	53.1	58.6	F. TOTAL	<u>38.3</u>