ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: GEICO Casualty Company
NAIC Number: 41491
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: 6/15/06

Contact Person: Maria Papagjika
Signature: _____
Telephone No: 301-986-3792

(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	-1.7%	1.8%					
Property Damage	13.6%	17.8%					
Uninsured/Underinsured Motorists	5.0%	5.0%					
Medical Payments/Medical Benefits	6.0%	4.8%					
Uninsured Motorists Property Damage	-9.2%	-5.0%					
Collision	-13.0%	-3.2%					
Comprehensive	-16.4%	-8.2%					
TOTAL OVERALL EFFECT	0.2%	-4.9%					

N Apply Lost Cost Factors to Future Filings? (Y or N)
40.4% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-17.0% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

Selected Provisions

5 Year History

Year	Rate Change Hist Policy Cnt	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2001	1,226	3.9	5/7/2001	2,050	1,270	61.90%	60.10%
2002	1,437	0.0	10/7/2002	2,069	1.177	56.90%	55.50%
2003	1,947	0.6	12/15/2003	2,494	1,399	56.10%	60.40%
2004	2,120			3,295	1,741	52.80%	55.50%
2005	1,521			2,972	1,219	41.00%	54.60%

SEE EXHIBIT 5.1 FOR THE BELOW

A. Total Production Expense _____
B. General Expense _____
C. Taxes, License & Fees _____
D. Underwriting Profit & Contingencies _____
E. Other (explain) _____
F. TOTAL _____