

State: Mississippi **First Filing Company:** The Travelers Home and Marine Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Quantum Home

Project Name/Number: 384246/

Filing at a Glance

Companies: The Travelers Home and Marine Insurance Company
Travelers Personal Security Insurance Company

Product Name: Quantum Home

State: Mississippi

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Rule

Date Submitted: 12/13/2011

SERFF Tr Num: TRVA-127842291

SERFF Status: Closed-Approved

State Tr Num: 2011-11-0078

State Status: Closed/Approved

Co Tr Num: 2011-11-0078

Effective Date

Requested (New):

Effective Date

Requested (Renewal):

Author(s): Maryanne Grippio-Beck

Reviewer(s): John Wells (primary), Mark Brannon, Derek Chapman, Ryan Purdy, Ashley Pistole, Barbara Holmes

Disposition Date: 01/04/2012

Disposition Status: Approved

Effective Date (New): 01/22/2012

Effective Date (Renewal): 01/22/2012

State Filing Description:

State: Mississippi **First Filing Company:** The Travelers Home and Marine Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Quantum Home

Project Name/Number: 384246/

General Information

Project Name: 384246 Status of Filing in Domicile:
 Project Number: Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 01/04/2012
 State Status Changed: 01/04/2012 Deemer Date:
 Created By: Mike Sternberg Submitted By: Mike Sternberg
 Corresponding Filing Tracking Number:

Filing Description:

With this filing we are amending our personal lines homeowners product as detailed in the attached explanatory memorandum.

Company and Contact

Filing Contact Information

Michael Sternberg, msternbe@travelers.com
 1 Tower Square 860-277-7395 [Phone]
 Plaza Building 5A
 Hartford, CT 06183

Filing Company Information

The Travelers Home and Marine Insurance Company	CoCode: 27998	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	Property/Casualty
(860) 277-7395 ext. [Phone]	FEIN Number: 35-1838079	State ID Number:

Travelers Personal Security Insurance Company	CoCode: 36145	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	Property/Casualty
(860) 277-7395 ext. [Phone]	FEIN Number: 06-1286264	State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$31.00
 Retaliatory? No
 Fee Explanation: 15/company for rules x 2 companies + \$1 EFT fee = \$31.00
 Per Company: Yes

State: Mississippi

First Filing Company: The Travelers Home and Marine Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Quantum Home

Project Name/Number: 384246/

Company	Amount	Date Processed	Transaction #
The Travelers Home and Marine Insurance Company	\$31.00	12/13/2011	54500067
Travelers Personal Security Insurance Company	\$0.00	12/13/2011	

State Specific

Largest cumulative effect of all rate and rule changes: 0

Smallest cumulative effect of all rate and rule changes: 0

What percentage of insureds will receive an increase of 25% or more?: 0

Make up of all changes which effect insureds with largest cumulative rate effect.: 0

SERFF Tracking #:

TRVA-127842291

State Tracking #:

2011-11-0078

Company Tracking #:

2011-11-0078

State: Mississippi

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Quantum Home

Project Name/Number: 384246/

First Filing Company: The Travelers Home and Marine Insurance Company, ...

Rate Information

Rate data applies to filing.

Filing Method: prior approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 8.040%

Effective Date of Last Rate Revision: 08/05/2011

Filing Method of Last Filing: prior approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Travelers Home and Marine Insurance Company	%	0.000%	\$0	0	\$7,420,504	0.000%	0.000%
Travelers Personal Security Insurance Company	%	0.000%	\$0	0	\$288,814	0.000%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: 0.000%

Overall Percentage Rate Impact For This Filing: 0.000%

Effect of Rate Filing - Written Premium Change For This Program: \$0

Effect of Rate Filing - Number of Policyholders Affected: 0

SERFF Tracking #:

TRVA-127842291

State Tracking #:

2011-11-0078

Company Tracking #:

2011-11-0078

State:

Mississippi

First Filing Company:

The Travelers Home and Marine Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

Quantum Home

Project Name/Number:

384246/

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Changed Rate Pages		New		Changed Residence Variable Pages.pdf
2		New General Rule	424	Replacement		new Rule 424.pdf
3		Changed General Rule	301	Replacement		Changed Rule 301.pdf

Rule 301.A.4 Factors

Wind Mitigation Credit Factors											
Form	Windstorm Mitigation Type	Construction Type	Territory	P1	P2	P3	P4	P5	P6	P7	P8
HO-2 / HO-3	2006 International Residence Code	Concrete	1-80	1.000	1.000	1.000	0.890	1.000	1.000	0.890	0.890
HO-2 / HO-3	2006 International Residence Code	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	2006 International Residence Code	Frame	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	2006 International Residence Code	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	2006 International Residence Code	Masonry	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	2006 International Residence Code	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	2006 International Residence Code	Steel	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	2006 International Residence Code	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Fortified For Safe Living Standards	Concrete	1-80	1.000	1.000	1.000	0.890	1.000	1.000	0.890	0.890
HO-2 / HO-3	Fortified For Safe Living Standards	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Fortified For Safe Living Standards	Frame	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	Fortified For Safe Living Standards	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Fortified For Safe Living Standards	Masonry	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	Fortified For Safe Living Standards	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Fortified For Safe Living Standards	Steel	1-80	1.000	1.000	1.000	0.800	1.000	1.000	0.800	0.800
HO-2 / HO-3	Fortified For Safe Living Standards	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Concrete	1-80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Frame	1-80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Masonry	1-80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Steel	1-80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Other	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level One	Concrete	1-80	1.000	1.000	1.000	0.960	1.000	1.000	0.960	0.960

Rule 301.A.4 Factors

Wind Mitigation Credit Factors											
Form	Windstorm Mitigation Type	Construction Type	Territory	P1	P2	P3	P4	P5	P6	P7	P8
HO-2 / HO-3	Retrofit Level One	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level One	Frame	1-80	1.000	1.000	1.000	0.910	1.000	1.000	0.910	0.910
HO-2 / HO-3	Retrofit Level One	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level One	Masonry	1-80	1.000	1.000	1.000	0.910	1.000	1.000	0.910	0.910
HO-2 / HO-3	Retrofit Level One	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level One	Steel	1-80	1.000	1.000	1.000	0.960	1.000	1.000	0.800	0.960
HO-2 / HO-3	Retrofit Level One	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Two	Concrete	1-80	1.000	1.000	1.000	0.940	1.000	1.000	0.890	0.940
HO-2 / HO-3	Retrofit Level Two	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Two	Frame	1-80	1.000	1.000	1.000	0.910	1.000	1.000	0.910	0.910
HO-2 / HO-3	Retrofit Level Two	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Two	Masonry	1-80	1.000	1.000	1.000	0.910	1.000	1.000	0.910	0.910
HO-2 / HO-3	Retrofit Level Two	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Two	Steel	1-80	1.000	1.000	1.000	0.940	1.000	1.000	0.800	0.940
HO-2 / HO-3	Retrofit Level Two	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Three	Concrete	1-80	1.000	1.000	1.000	0.910	1.000	1.000	0.910	0.910
HO-2 / HO-3	Retrofit Level Three	Concrete	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Three	Frame	1-80	1.000	1.000	1.000	0.860	1.000	1.000	0.860	0.860
HO-2 / HO-3	Retrofit Level Three	Frame	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Three	Masonry	1-80	1.000	1.000	1.000	0.860	1.000	1.000	0.860	0.860
HO-2 / HO-3	Retrofit Level Three	Masonry	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
HO-2 / HO-3	Retrofit Level Three	Steel	1-80	1.000	1.000	1.000	0.860	1.000	1.000	0.860	0.860
HO-2 / HO-3	Retrofit Level Three	Steel	Remainder	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Rule 424 Windstorm Mitigation Program Forms HO-2 and HO-3

A. Eligibility

1. The provisions of this rule do not apply if the policy excludes the perils of Windstorm and Hail.
2. With respect to a residential dwelling, to obtain a premium credit for this program, the insured property must be certified as:
 - a. Constructed in accordance with the 2006 International Residential Code, as amended, including all hurricane mitigation construction requirements, or
 - b. Constructed in accordance with the Fortified For Safe Living Standards (FFSLS) as adopted by the Institute for Business and Home Safety.
 - c. Retrofitted to Level One, Level Two, or Level Three, as defined in the Fortified Existing Homes requirements as adopted by the Institute for Business and Home Safety

B. Proof of Compliance

The insured must submit proof of the required certification. Acceptable forms of proof include either:

1. Mitigation Verification Affidavit (PL-14868) completed by a certified or licensed building inspector certifying conformity to the applicable building code including all hurricane mitigation construction requirements; or
2. Inspection and certification by an FFSLS certified inspector as new construction in accordance with the Fortified For Safe Living Standards or Retrofit Level One, Two, or Three.

The insured is responsible for the expense associated with substantiating the installation of the windstorm loss mitigation features.

Refer to Rule 301.A.4 table in the Rate section of the manual for applicable factors.

MISSISSIPPI QUANTUM HOMEOWNERS

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Rule 301 Premium Calculation

Rule 301 Premium Calculation

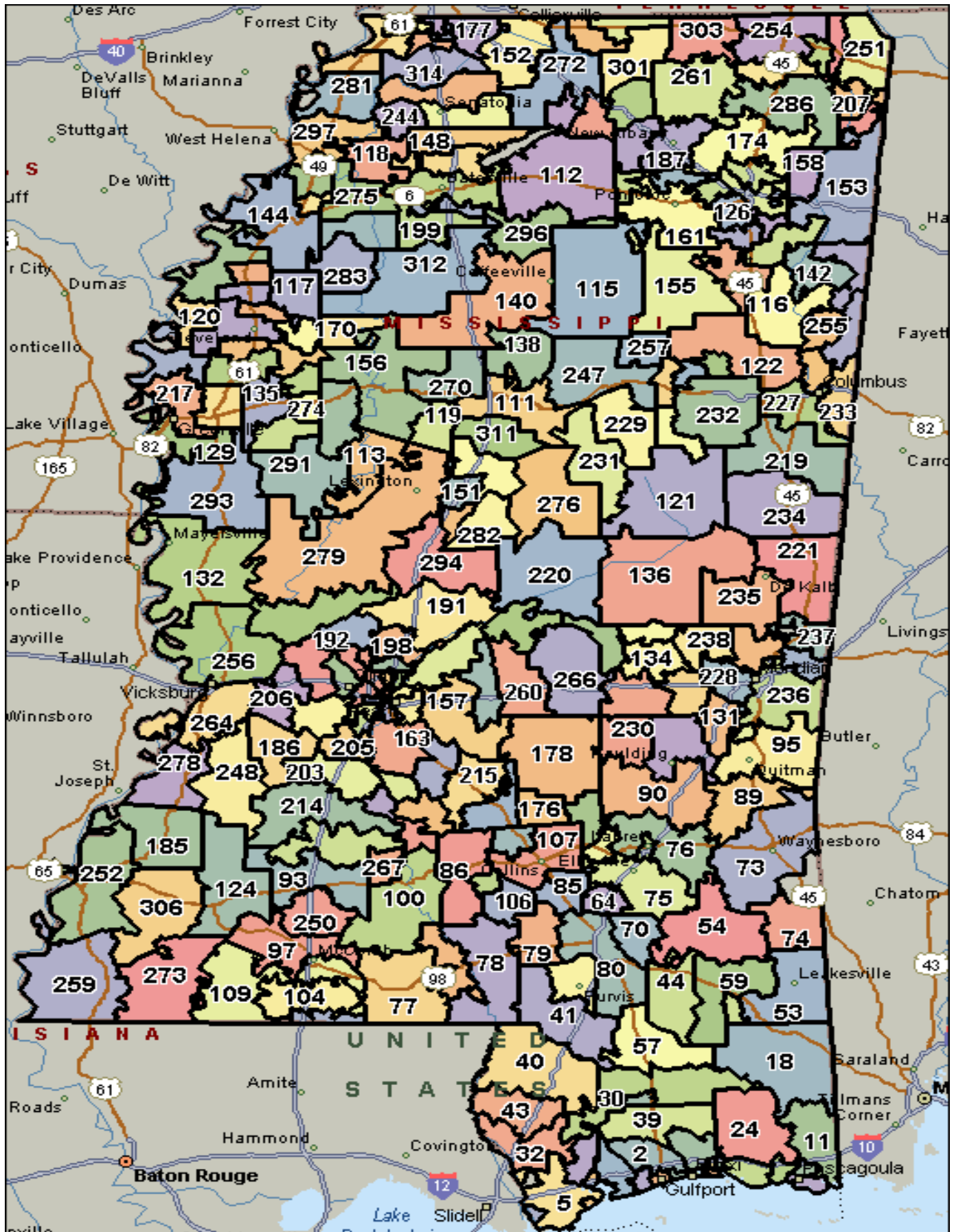
- A.** Premiums for all forms are developed from statewide premium for certain, individual perils. Each premium is then adjusted by factors, resulting in a premium for that peril that reflects the characteristics of the specific exposure. After all factors have been applied, all peril premiums are added together to produce the combined peril premium. The Total Policy Premium is determined by adding any premiums for additional coverages and endorsements that are not rated in the peril premiums to the combined peril premium.
1. From the base premium table, select the base premium for each peril as shown for the applicable company in which the policy is to be issued.
 2. From the Territorial Relativity Table, select factors for each peril in the applicable company.
 3. From the Tier Factor Table, select factors for each peril in the applicable company.
 4. From the Rule 301.A.4 rate pages, select factors for each peril based on the construction, protection class and other risk characteristics, as applicable. See Rule 400-410, [and 424](#).
 5. From the Rule 301.A.5 rate pages, select factors for each peril based on the appropriate risk characteristics, as applicable. See Rule 415-420.
 6. From the tables for Rule 301.A.6 rate tables, select factors for each peril for all coverages and increased limits that apply.
 7. From the Rule 301.A.7 rate pages, select factors for each peril based on the combination of other policies in force for the applicant/insured with Travelers. See Rule 425.
 8. From the Rule 301.A.8 rate pages, select factors for each peril from each of the following tables:
 - a. Company Deviation (see Rule 426)
 - b. Association Discount Program (see Rule 428)
 - c. Miles to Fire Department (see Rule 429)
 9. Multiply each peril base rate by the peril specific factors that were selected in steps 2. through 8. above.
 10. Calculate the Peril Expense Allocation based on the company, form and expected policy longevity using the tables in Rule 301.A.10 rate pages. Distribute the total expense allocation amount to the individual perils based on the ratio of each individual peril premium to the combined premium for all perils. See Rule 701.
 11. Add the results from step 10. to the results in step 9. for each peril.
 12. Multiply the results in step 11. by the factor for each peril in the Transition Modification Factor Table. Round the result for each peril to the nearest cent. (Round \$.005 or more up to the next whole cent.)
 13. Add the results in step 12. for all perils and round to the nearest dollar. (Round \$.50 or more up to the next whole dollar.) The result is the combined peril premium.
 14. Multiply the premium for each non-peril rated additional coverage by the Transition Modification Factor and round to the nearest whole dollar.
 15. Add the rounded premium developed in step 13 to the premium developed in step 14 excluding valuable Items PLUS, Identity Fraud Expense Reimbursement Coverage, Personal Liability Supplement, and Earthquake

State: Mississippi **First Filing Company:** The Travelers Home and Marine Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: Quantum Home
Project Name/Number: 384246/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	PC Filing Summary		
Comments:	Please see attached.		
Attachment(s):	Exhibits A & B.pdf Histograms.pdf MS Filing Summary 1 22 2012.pdf MS Q HO Exhibits A thru D 1-22-12 Wind Mitigation FILING.pdf MS Ratemaking Worksheet.pdf		

Mississippi Quantum Home Territory Mapping



MISSISSIPPI QUANTUM HOMEOWNERS AND HIGH VALUE HOMEOWNERS

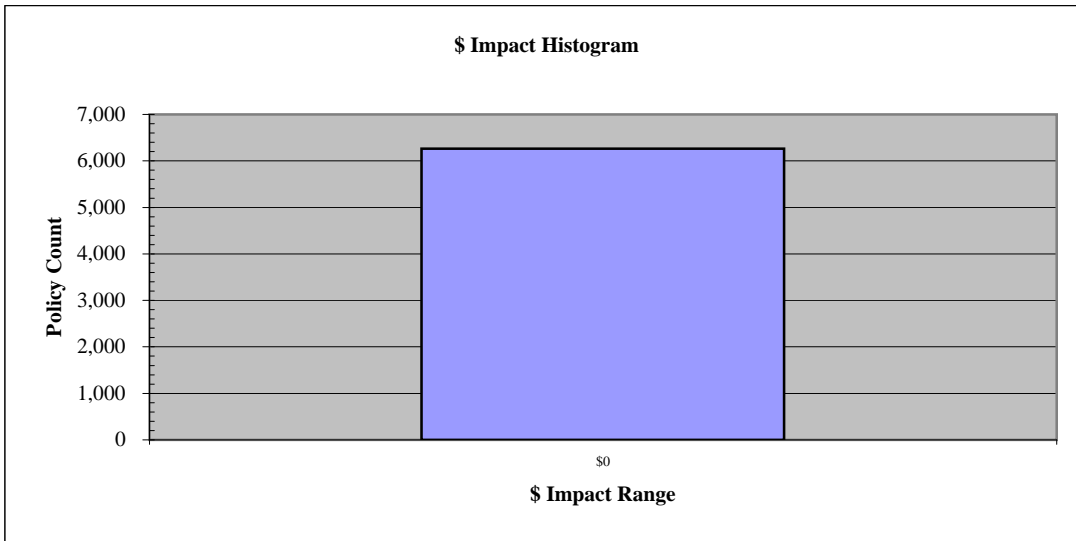
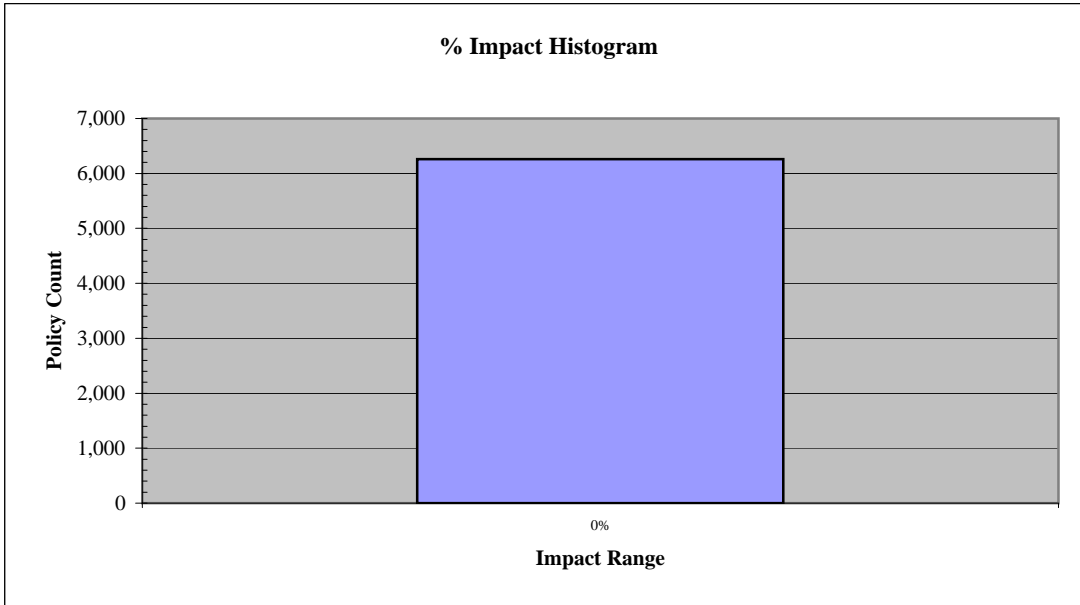
Territorial Impacts

The impact from this filing is a 0.00% to all policies, so there are no territorial impacts.

MISSISSIPPI QUANTUM HOMEOWNERS AND HIGH VALUE HOMEOWNERS

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
 TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Proposed Rate Change Histogram



Impact Range	Policy Ct.	% of Total	Avg Orig Prem	Avg Revised Prem	Avg % Impact	Avg \$ Impact
0%	6,263	100.0%	1,231	1,231	0.00%	0
	6,263	100.0%	1,231	1,231	0.00%	0

Dept Use Only

Date _____

TOI _____

Type of Filing _____

Co/Group Name _____

Sircon No. _____

SERFF No. _____

Mississippi Property and Casualty Filing Summary

Identification of Loss Assessments

(A Company showing loss assessment as an expense item to support a rate change, or for recoupment of loss assessments, must show what parts of the assessments were reimbursed through reinsurance.)

1. Provide a bullet point summary of all revisions in this filing.

In an effort to extend our product offering, we would like to offer a wind mitigation credit for homes that meet the Fortified For Safer Living or Travelers Wind Mitigation standards in the coastal counties.

2. Provide a detailed breakdown of rate changes by territory (include a state map showing defined territories). Provide statewide overall percentage change.

The credit is new. It does not impact any policies currently written and is rate neutral.

3. Provide current underwriting restrictions by territory for new and renewal business. How will approval of this filing impact current underwriting restrictions?

There are no current underwriting restrictions by territory. This filing does not propose any impact to underwriting restrictions.

Signature of Authorized Filer: _____

**MISSISSIPPI DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY RATE FILING EXHIBITS**

EXHIBIT A - STATEWIDE AVERAGE RATE LEVEL INFORMATION

COMPLETE THE FOLLOWING EXHIBIT ON A STATEWIDE, ALL CLASSES COMBINED, BASIS.

(A) COVERAGE/FORM	(B) LATEST YEAR DIRECT WRITTEN PREMIUMS	(C) PROPOSED CHANGE DUE TO OVERALL EXPERIENCE	(D) PROPOSED CHANGE DUE TO OTHER FACTORS*	(E) PROPOSED RATE LEVEL CHANGE PERCENT [(C) x (D)] - 1
Homeowners	5,015,775			0.00%
TOTAL STATEWIDE AVERAGE RATE CHANGE	*****	*****	*****	0.00%

*Examples could be loss cost modifier, territorial changes, relativity changes, increased limit factors.

Attach additional Exhibit C pages as needed.

**MISSISSIPPI DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY RATE FILING EXHIBITS**

EXHIBIT B - HISTORICAL EXPERIENCE

PLEASE PROVIDE THE FOLLOWING INFORMATION ON A CALENDAR YEAR BASIS.

COVERAGE/FORM: Homeowners

Mississippi					
YEAR	(A) DIRECT PREMIUMS WRITTEM	(B) DIRECT PREMIUMS EARNED	(C) DIRECT LOSSES & ALAE PAID	(D) DIRECT LOSSES & ALAE INCURRED	(E) INCURRED LOSS & ALAE RATIO (D)/(B)
2008	517,357	92,501	23,669	33,513	36.2%
2009	2,576,497	1,473,164	1,000,226	1,404,939	95.4%
2010	5,015,775	3,783,682	2,337,842	2,691,153	71.1%

Countrywide					
YEAR	(A) DIRECT PREMIUMS WRITTEM	(B) DIRECT PREMIUMS EARNED	(C) DIRECT LOSSES & ALAE PAID	(D) DIRECT LOSSES & ALAE INCURRED	(E) INCURRED LOSS & ALAE RATIO (D)/(B)
2006	15,513,659	11,375,317	4,870,056	4,355,555	38.3%
2007	95,576,671	43,800,706	11,875,590	19,965,164	45.6%
2008	294,678,863	192,216,272	105,742,741	141,361,803	73.5%
2009	530,484,715	401,787,968	247,022,070	296,733,357	73.9%
2010	781,855,195	651,860,840	444,045,262	520,781,151	79.9%

Attach additional Exhibit B pages as needed.

**MISSISSIPPI DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY RATE FILING EXHIBITS**

EXHIBIT C - EXPENSE INFORMATION

Coverage/Form: Homowners

UNDERWRITING EXPENSES AS PERCENTS OF DIRECT PREMIUMS WRITTEN

MS (ANNUAL STATEMENT PAGE 14)

	2008		2009		2010		MEAN PERCENT
	AMOUNT (000)	PERCENT	AMOUNT (000)	PERCENT	AMOUNT (000)	PERCENT	
1. PREMIUMS WRITTEN	\$517	---	\$2,576	---	\$5,016	---	---
2. COMMISSION & BROKERAGE EXPENSES INCURRED	\$79	15.3%	\$401	15.6%	\$791	15.8%	15.7%
3. TAXES, LICENSES & FEES INCURRED	\$24	4.6%	\$116	4.5%	\$208	4.1%	4.3%

COUNTRYWIDE (IEE, PART III)

4. PREMIUMS WRITTEN	\$294,679	---	\$530,485	---	\$781,855	---	---
5. COMMISSION & BROKERAGE EXPENSES INCURRED	\$52,741	17.9%	\$96,929	18.3%	\$140,603	18.0%	18.1%
6. OTHER ACQUISITION EXPENSES INCURRED	\$9,968	3.4%	\$17,052	3.2%	\$27,611	3.5%	3.4%
7. GENERAL EXPENSES INCURRED	\$18,504	6.3%	\$39,789	7.5%	\$49,085	6.3%	6.7%

LOSS ADJUSTMENT EXPENSES AS PERCENTS OF DIRECT LOSSES INCURRED

MS (ANNUAL STATEMENT PAGE 14)

0.00%

8. LOSSES INCURRED	\$32	---	\$1,338	---	2,644	---	---
9. ALLOCATED LAE INCURRED	\$1	3.1%	\$66	4.9%	\$47	1.8%	2.8%

COUNTRYWIDE (Annual Statement Page 14)

10. LOSSES INCURRED	\$136,222	---	\$289,988	---	\$512,057	---	---
11. ALLOCATED LAE INCURRED	\$5,140	3.8%	\$6,745	2.3%	\$8,724	1.7%	2.2%
12. UNALLOCATED LAE INCURRED	\$20,939	15.4%	\$39,755	13.7%	\$59,120	11.5%	12.8%

Attach additional Exhibit C (Part 1) pages as needed.

(PAGE 1)

**MISSISSIPPI DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY RATE FILING EXHIBITS**

EXHIBIT C - EXPENSE INFORMATION (PAGE 2)

COVERAGE/FORM: Homeowners

EXPENSE PROVISIONS UNDERLYING YOUR PROPOSED RATES, AS A PERCENT OF PREMIUM		
13. COMMISSION & BROKERAGE EXPENSES INCURRED	N/A	%
14. OTHER ACQUISITION EXPENSES INCURRED	N/A	%
15. GENERAL EXPENSES INCURRED	N/A	%
16. TAXES, LICENSES & FEES INCURRED	N/A	%
17. PROFIT & CONTINGENCIES	N/A	%
18. TOTAL EXPENSES & PROFIT (SUM OF LINES 13 THROUGH 17)	N/A	%
19. PERMISSIBLE LOSS & LAE RATIO (1 - LINE 18)	N/A	%

0.00%

LOSS ADJUSTMENT EXPENSE PROVISIONS UNDERLYING YOUR PROPOSED RATES, AS A PERCENT OF LOSSES		
20. ALLOCATED LAE	N/A	%
21. UNALLOCATED LAE	N/A	%
22. TOTAL LAE (SUM OF LINES 20 - 21)	N/A	%

0.00%

**MISSISSIPPI DEPARTMENT OF INSURANCE
PROPERTY/CASUALTY RATE FILING**

EXHIBIT D - DERIVATION OF TARGET UNDERWRITING PROFIT PROVISION

Annual Statement
LATEST THREE YEARS

	2008	2009	2010
1. Total Rate of Return, After Tax (% of GAAP Equity)	N/A	N/A	N/A
2. Ratio of GAAP Equity Return to Statutory Surplus Return	N/A	N/A	N/A
3. (a) Total Rate of Return, After Tax	N/A	N/A	N/A
(b) Total Rate of Return, Before Tax (% of Statutory Surplus)	N/A	N/A	N/A
4. Expected Investment Income on Capital/Surplus, Before Tax, Including Realized Capital Gains	N/A	N/A	N/A
5. Target Operating Return, Before Tax (% of Statutory Surplus)	N/A	N/A	N/A
6. Standard Premium to Surplus Leverage Ratio	N/A	N/A	N/A
7. Target Operating Return, Before Tax (% of Premium)	N/A	N/A	N/A
8. Expected Investment Income on Policy- holder Supplied Funds, Before Tax	N/A	N/A	N/A
9. Target Underwriting Profit, Before Tax	N/A	N/A	N/A

10. Selected Underwriting Profit			N/A

Notes:

(1)-(3) Selected by the company. Company may elect to omit items (1) and (2) and start with the target rate of return after tax on statutory surplus in item (3a).

(3a) = (1) / (2)

(3b) = (3a) / .65

(4) From Company's Insurance Expense Exhibits, Net Business, column (40) amount / Surplus. Surplus may be for the current year or average of current year and first prior year.

(5) = (3) - (4)

(7) = (5) / (6)

(8) From Company's Insurance Expense Exhibits, Net Business, column (36) percent.

(9) = (7) - (8)

MISSISSIPPI RATEMAKING WORKSHEET

1. What is the largest and smallest cumulative effect of all changes being made in this filing on any individual class of insured?

- Largest (+/-)** 0.00%
- Smallest (+/-)** 0.00%

2. What percentage of insureds will receive an increase of **25%** or more? Describe the main contributors to increases above **25%**.
0%

3. Provide an **actuarial memorandum** on your rate-making methodology. This memorandum, including all applicable **exhibits** as shown below, must follow the **Mississippi Cover Sheet**. The memorandum must include the following:

- Description of all changes being made in the filing.
- Exhibit A.** Summary of the overall changes and changes by territory, limits, protection class, etc.
- Exhibit B.** This exhibit is not required for **new** business. Five years of Mississippi and Countrywide experience for the line of business to which the filing pertains. The data source is statutory Page 14.
- Exhibit C.** Three years of underwriting expense and loss adjustment expense. The data source is the Insurance Expense Exhibit.
- Exhibit D.** This exhibit would show the derivation of the profit/contingency factor.
- Exhibit E.** Provide if appropriate to filing. Loss development data, including selected development factors.
- Exhibit F.** Provide if appropriate to filing. Explanation of trending procedures and support for the selected trend factors.
- Any other **exhibits** deemed necessary to support the requested rate change. These could include:
 - Support for credibility.
 - Explanation of any adjustment for large or catastrophic losses.
 - Explanation of models used for earthquake, hurricanes or any other Exposure where modeling was used. If modeling is used, include a Summary of the changes in the coverages/exposure for which the Model is used.

Exhibits A, C, and D are required on all filings, including adoption of rate service organization loss costs.