

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: American Bankers Insurance Company of Florida
 NAIC Number: 0019-10111
 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: Tanya Robotham
 Signature: _____
 Telephone No: 305-253-2244

(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
Renters Insurance	16.32%	6.0%	52.3%	N/A	N/A	N/A	N/A
<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <p style="margin: 5px 0 0 0;">By bharrington at 1:36 pm, 10/11/06</p> <p style="margin: 0 0 0 0;">PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT</p>							
TOTAL OVERALL EFFECT							

No Apply Lost Cost Factors to Future Filings? (Y or N)
20.34% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-2.66% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2001	0	No Change		0	(4)	0	.254
2002	0	No Change		0	0	0	.415
2003	3	No Change		154	7	.045	.306
2004	118	No Change		12,887	2,572	.200	.397
2005	247	No Change		41,653	51,824	1.244	.481

Selected Provisions

A. Total Production Expense	30.00%
B. General Expense	5.30%
C. Taxes, License & Fees	2.47%
D. Underwriting Profit & Contingencies	4.97%
E. Other (explain) Other Acqui.	5.00%
F. TOTAL	47.73%