

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1
Rev. 4/96

Insurer Name: State Farm Fire and Casualty Company

Contact Person: Karen Terry

NAIC Number: 0176-25143

Signature: _____

Name of Advisory Organization Whose Filing You are Referencing Not Applicable

Telephone No: (309) 766-2265

Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____

Reference Filing #: _____ Proposed Effective Date: New: 05/15/2006 Renewal: 07/01/2006

(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
Homeowners Multit-Peril	+1.8%	0.0%					
<p>FILED</p> <p>By bharrington at 3:13 pm, 3/1/06</p> <p>PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT</p>							
TOTAL OVERALL EFFECT	+1.8%	0.0%	N/A	N/A	N/A	N/A	N/A

N Apply Lost Cost Factors to Future Filings? (Y or N)
+32% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-35% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Selected Provisions

Rate Change History

Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	21.9
2000	134,823	--	No Change	66,917	63,474	96%	72%	B. General Expense	3.1
2001	138,466	-3.7	03/01/01	69,984	66,552	95%	89%	C. Taxes, License & Fees	3.1
2002	136,340	+23.6 +9.9	04/15/02 12/15/02	74,109	49,957	67%	74%	D. Underwriting Profit & Contingencies	7.0
2003	132,538	+12.7	07/15/03	85,507	41,923	49%	61%	E. Other (explain)	
2004	132,052	--	No Change	96,501	38,123	40%	63%	F. TOTAL	35.1