

**ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT**

**Form RF-1**

Rev. 4/96

Insurer Name: State Farm Fire and Casualty Company

Contact Person: Karen Terry Gregory S. Girard

NAIC Number: 0176-25143

Signature: 

Name of Advisory Organization Whose Filing You are Referencing Not Applicable

Telephone No: (309) 766-2265 (309) 766-2944

Co. Affiliation to Advisory Organization: Member  Subscriber  Service Purchaser

Reference Filing #: \_\_\_\_\_ Proposed Effective Date: New: 10/15/2007 Renewal: 12/01/2007

(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 Mult-Peril	4.2%	-1.1%					
<b>TOTAL OVERALL EFFECT</b>	4.2%	-1.1%	N/A	N/A	N/A	N/A	N/A

N Apply Lost Cost Factors to Future Filings? (Y or N)  
+4% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-13% 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
2003	132,538	+12.7	07/15/03	85,507	41,923	49%	61%
2004	132,052	--	No Change	96,501	38,123	40%	63%
2005	137,241	-9.0	03/15/05	102,134	44,067	43%	77%
2006	139,796	0.0	05/15/05	105,033	78,000	74%	51%
3/2007	140,111	-1.8	06/01/07	--	--	--	--

A. Total Production Expense	20.7
B. General Expense	2.5
C. Taxes, License & Fees	2.9
D. Underwriting Profit & Contingencies	7.0
E. Other (explain)	
F. TOTAL	33.1