

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1
Rev. 4/96

Insurer Name: Farmers Insurance Company
 NAIC Number: 21628
 Name of Advisory Organization Whose Filing You Are Referencing: _____
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 08/01/07

Contact Person: Maria Liskay
 Signature: _____
 Telephone No: (323) 964-8203

(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
BIPD	3.3	3.3	N/A	N/A	N/A	N/A	N/A
UM	5.6	5.6					
COMP	0.7	0.7					
COLL	0.9	0.9					
MED/NF	1.7	1.7					
TOWING	0.0	0.0					
TOTAL OVERALL EFFECT	2.5	2.5					

N Apply Loss Cost Factors to Future Filings? (Y or N)
6.4% Estimated Maximum Rate Increase for any Arkansas Insured (%) **
-1.5% 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				
2000	122,198	N/A	N/A	72,502	52,219	72.02%	66.37%
2001	113,988	5.20	08/01/01	74,738	48,992	65.55%	76.61%
2002	103,622	6.00	04/01/02	72,348	38,682	53.47%	67.92%
2003	101,181	N/A	N/A	70,007	35,111	50.15%	56.30%
2004	103,964	-0.10	04/01/04	72,348	37,402	51.70%	61.70%

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

* Figures from Page 14/15, Farmers Insurance Company, Inc.
 ** Based on current book of business multi-variable analysis.
 *** Figures from TA635 reports.