ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Auto Club Family Insurance Company
NAIC Number: 27235
Name of Advisory Organization Whose Filing You are Referencing: N/A
Co. Affiliation to Advisory Organization: Member N/A Subscriber _____ Service Purchaser _____
Reference Filing #: N/A
Proposed Effective Date: 3/15/2007

Contact Person: Katina Arras
Signature: Katina Arras
Telephone No: (314) 523-7350 Ext. 5236

(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
Private Passenger Auto							
Bodily Injury/Property Damage	7.5%	0.1%					
Personal Injury Protection	8.8%	0.1%					
Uninsured/Underinsured Motorists	2.9%	0.0%					
Uninsured Property Damage	7.9%	0.0%					
Collision	-18.9%	-0.2%					
Comprehensive	-19.0%	0.0%					
Rental Reimbursement	-7.2%	0.0%					
TOTAL OVERALL EFFECT	-2.1%	0.0%					

N/A Apply Lost Cost Factors to Future Filings? (Y or N)
4.9% Estimated Maximum Rate Increase for any Arkansas Insured (%)
0.0% 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 %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2005	3,055	-2.80%	9/1/2005	$4,765	$2,821	59.2%	62.4%
2004	2,723	4.10%	8/1/2004	$4,567	$2,931	64.2%	60.7%
2003	2,070	7.40%	8/1/2003	$3,273	$2,354	71.9%	61.4%
2002	1,524	5.98%	7/1/2002	$2,265	$1,621	71.6%	57.7%
2001	1,205	2.94%	8/1/2001	$1,703	$1,019	59.8%	66.6%

Selected Provisions

A.	Total Production Expense	9.3%
B.	General Expense	4.8%
C.	Taxes, License & Fees	1.5%
D.	Underwriting Profit & Contingencies	2.0%
E.	Other (explain)	0%
F.	TOTAL	17.6%

F 504 (Ed. 6/96) **UNIFORM**