ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Imperial Fire and Casualty Insurance Company
NAIC Number: 44369
Name of Advisory Organization Whose Filing You Are Referencing _____
Co. Affiliation to Advisory Organization: Member ____ Subscriber ____ Service Purchase ____
Reference Filing #: IFAC20071217R Proposed Effective Date: 12/17/06

Contact Person: Gregory Morris
Signature: _____
Telephone No: (972) 267-8929, x113

(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	+5%	+5.07%					
TOTAL OVERALL EFFECT	N/A	N/A					

+15% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-8% 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 Eff. Date	AR Earned Premium (000)	Incurred Losses(000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2007	6013	5.07	12/17/2007	3,879,746	2,957,736	76.24%	

Selected Provisions

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