NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| 1. | This filing transmittal is part of Company Tracking # | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | |

| | | Company Name | Company NAIC Number | | | | |
|----|----|------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|--|
| 3. | Α. | | В. | | | | |
| | | | | | | | |
| | | Product Coding Matrix Line of Business (i.e., Type of Insurance) | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | | | | |

| 4. | Α. | | В. | |
|----|----|--|----|--|
| | | | | |

5

| (A) | | | FOR LOSS COSTS ONLY | | | | | |
|--------------------------------|--------------------------------------------|--------------------------------------------|-------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------------------|--|
| COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL OVERALL EFFECT | | | | | | | | |

| 6. | 5 Year History | Rate | e Change Hist | tory | | | | 7. | |
|------|----------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|-----------------------------|------------------------|
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio | Expense Constants | Selected Provisions |
| | | | | | | | | A. Total Production Expense | |
| | | | | | | | | B. General Expense | |
| | | | | | | | | C. Taxes, License & Fees | |
| | | | | | | | | D. Underwriting Profit | |
| | | | | | | | | & Contingencies | |
| | | | | | | | | E. Other (explain) | |
| | | | | | | | | F. TOTAL | |

8. _____Apply Lost Cost Factors to Future filings? (Y or N)
9. _____Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ______
10. _____Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ______

PC RLC