

**NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # N/A

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number ISO, HO-2006-RLA1 and HO-2007-RLA1

		Company Name		Company NAIC Number
3.	A.	<b>Grain Dealers Mutual Insurance Company</b>	B.	<b>082 22098</b>

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	<b>Homeowners</b>	B.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
<b>Homeowners</b>	<b>See ISO Circula</b>	<b>-13%</b>	<b>.5139</b>	<b>1.27, Terr 30</b>	<b>2.471</b>		<b>2.140</b>
			<b>.5139</b>	<b>1.10, All Other</b>	<b>2.140</b>		<b>2.140</b>
<b>TOTAL OVERALL EFFECT</b>	<b>See ISO</b>	<b>-13%</b>					

FILED

By Becky Harrington at 1:10 pm, 12/10/07

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	PROPERTY & CASUALTY		
					Arkansas Losses (000)	State Loss Ratio	Countr/wide Loss Ratio
<b>2002</b>				<b>408</b>	<b>310</b>	<b>75.9</b>	<b>91.8</b>
<b>2003</b>				<b>582</b>	<b>860</b>	<b>147.8</b>	<b>101.5</b>
<b>2004</b>				<b>512</b>	<b>173</b>	<b>33.7</b>	<b>72.8</b>
<b>2005</b>				<b>442</b>	<b>141</b>	<b>31.8</b>	<b>101.2</b>
<b>2006</b>				<b>454</b>	<b>1090</b>	<b>240.2</b>	<b>199.2</b>

7.

Expense Constants	Selected Provisions
A. Total Production Expense	<b>28.00</b>
B. General Expense	<b>13.50</b>
C. Taxes, License & Fees	<b>3.25</b>
D. Underwriting Profit & Contingencies	<b>5.00</b>
E. Other (explain)	<b>-1.14</b>
<b>F. TOTAL</b>	<b>48.61</b>

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 21 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
10. 29 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_