

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AMIC-2008-1
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.	A. Agents Mutual Insurance Company	B.	0000-18236

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. 35.0	B.	35.0001

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)
Homeowners	+13.1%	+6.3%	This does not apply to a filing of independent rates.			
Dwelling Fire	+13.1%	+7.5%	This does not apply to a filing of independent rates.			
TOTAL OVERALL EFFECT	+13.1%	+6.0%				

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	5,755	0	N/A	2,828	1,079	0.382	0.382
2004	6,340	0	N/A	3,280	1,435	0.437	0.437
2005	6,419	0	N/A	3,524	1,472	0.418	0.418
2006	6,341	0	N/A	3,594	1,510	0.420	0.420
2007	6,372	0	N/A	3,220	2,030	0.630	0.630

7.

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

8. NA Apply Lost Cost Factors to Future filings? (Y or N)
9. +10% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -22% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____