

NAIC LOSS COST DATA ENTRY DOCUMENT

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.	A. USAA GENERAL INDEMNITY COMPANY	B.	200-18600

	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. 19.0 Personal Auto	B.	19.0001 Private Passenger Auto (PPA)

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)
Residual Bodily Injury	26.8%	15.0%				
Uninsured Motorists	33.0%	30.0%				
Medical Payments	-1.6%	0.0%				
Property Damage	37.1%	10.0%				
Comprehensive	17.8%	15.0%				
Collision	25.3%	25.0%				
TOTAL OVERALL EFFECT	26.4%	15.7%				

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
2002	472	-0.9	07/03/05	953	523	54.9	n/a
2003	572	0.0	07/04/05	1,332	651	48.9	n/a
2004	535	-2.3	02/01/06	1,298	698	53.8	n/a
2005	596	0.0	10/08/06	1,254	776	61.9	n/a
2006	703	-1.8	4/21/07	1,034	705	68.2	n/a

7.

Expense Constants	Selected Provisions (Liab/PhyDam)
A. Total Production Expense	7.9%/8.2%
B. General Expense	0.6%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit & Contingencies	5.0%
E. Other (explain)	
F. TOTAL	16.6%/16.9%

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