

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. GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY	B.	200-21253

	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)	(H) Co. Current Loss Cost Multiplier
Residual Bodily Injury	0.6%	2.8%					
Uninsured Motorists	73.8%	21.4%					
Medical Payments	21.5%	6.0%					
Property Damage	13.6%	2.8%					
Comprehensive	-41.9%	-11.4%					
Collision	-6.0%	4.3%					
TOTAL OVERALL EFFECT	2.6%	3.1%					

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
2005	0	n/a	06/23/06	0	0	0	n/a
2006	277	n/a	10/08/06	95	66	69.1	n/a
		n/a	4/21/07				

7.

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

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. -9% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____