

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

1.	This filing transmittal is part of Company Tracking #	03M00107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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Company Name		Company NAIC Number	
3.	A. Shelter Mutual Insurance Company	B.	23388

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 19.1 and 21.1	B.	19.1000 and 21.1000

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
BI/PD	-1.6	-1.9					
Medical Payments	-2.8	-2.8					
Collision	-6.0	-6.0					
Comprehensive	-18.8	-18.0					
TOTAL OVERALL EFFECT	-5.6	-5.4					

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	185,856	-6.1	4-17-2005	104,921	55,499	52.9	55.2
2004	177,152	-0.2	11-19-2003	107,087	56,765	53.0	56.5
2003	173,384	+4.7	2-27-2003	105,450	58,134	55.1	58.7
2002	172,337	+4.0	7-10-2002	99,284	63,723	64.2	64.6
2001	165,176			91,235	59,878	65.6	67.0

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	16.4/16.3
B. General Expense	6.5/6.5
C. Taxes, Licenses & Fees	2.9/3.2
D. Underwriting Profit & Contingencies	0.9/4.0
E. Other (explain)	
F. TOTAL	26.7/30.0

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): 11.5%
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): -18.0%