

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PA-AR-07236-01R
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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.	Hanover American Insurance Company	B.	0088-36064

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

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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
Bodily Injury	-2.3%	3.0%					
Property Damage	-0.6%	3.0%					
Combined Single Limit	N/A	3.0%					
Uninsured Motorist	4.2%	3.0%					
Medical Payments	3.8%	3.0%					
Comprehensive	21.4%	6.0%					
Collision	-2.8%	2.0%					
TOTAL OVERALL EFFECT	1.4%	3.0%					

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
2001	453	-0.4%	N/A	318,918	197,924	62.1%	63.8%
2002	1306	0.0%	03/01/2002	1,201,771	757,777	63.1%	67.3%
2003	1269	5.0%	03/01/2003	1,550,949	917,512	59.2%	62.1%
2004	1176	5.0%	05/01/2004	1,547,867	1,262,291	82.6%	62.1%
2005	1194	3.5%	05/01/2005	1,448,902	476,155	33.9%	59.8%
2006	1367	3.0%	07/01/2007	1,564,622	877,817	56.1%	55.7%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	15.8%
B. General Expense	10.3%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit & Contingencies	5.1%
E. Other (explain)	0.0%
F. TOTAL	34.2

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. 3.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 3.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____