

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PL-07-15457-AR
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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	
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		Company Name			Company NAIC Number
3.	A.	Safeco Insurance Company of Illinois	B.	163-39012	

		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.

(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
BI	2.6	0.0	N/A	N/A	N/A	N/A	N/A
PD	7.4	9.0	N/A	N/A	N/A	N/A	N/A
PIP	-11.2	-12.0	N/A	N/A	N/A	N/A	N/A
UM/UIM	10.4	9.0	N/A	N/A	N/A	N/A	N/A
UMPD	-12.9	1.0	N/A	N/A	N/A	N/A	N/A
Comp	23.0	21.0	N/A	N/A	N/A	N/A	N/A
Coil	-0.7	0.0	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT	4.8	4.4					

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
2006	20,247	-1.6	12/14/06	30,866	17,901	58.00	55.89
2006	20,247	-1.4	07/06/06	30,866	17,901	58.00	55.89
2005	22,543	7.7	09/01/05	31,828	18,020	56.62	60.40
2005	22,543	-4.7	01/20/05	31,828	18,020	56.62	60.40
2004	19,896	-1.5	06/10/04	25,992	15,355	59.07	58.81
2003	15,141	-1.0	12/11/03	18,897	10,861	57.47	60.71
2002	11,595	10.2	12/19/02	12,758	7,930	62.15	66.14

7.

Expense Constants	Selected Provisions
A. Total Production Expense	12.9
B. General Expense	8.6
C. Taxes, License & Fees	3.3
D. Underwriting Profit & Contingencies	4.9
E. Other (explain)	
F. TOTAL	29.7

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. +19 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
 10. -16 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____