

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PA-AR-07368-61R
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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.	Allmerica Financial Benefit Insurance Company	B.	0088-41840

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.	Personal Auto	B.	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
BI	N/A	-1.1%	N/A	N/A	N/A	N/A	N/A
PD	N/A	-1.4%	N/A	N/A	N/A	N/A	N/A
PIP	N/A	-1.2%	N/A	N/A	N/A	N/A	N/A
UM	N/A	-1.6%	N/A	N/A	N/A	N/A	N/A
COMP	N/A	-19.1%	N/A	N/A	N/A	N/A	N/A
COLL	N/A	+19.1%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT	N/A	+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
2006	89	N/A	N/A	N/A	N/A	N/A	N/A
2005	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2004	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2003	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2002	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2001	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2000	N/A	N/A	N/A	N/A	N/A	N/A	N/A

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	15.4%
B. General Expense	12.4%
C. Taxes, License & Fees	3.2%
D. Underwriting Profit & Contingencies	5.1%
E. Other (explain)	0.2%
F. TOTAL	36.3%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. +14% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): **E. other : Residual market & reinsurance expense**
10. -26% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____