

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # 07-03-815-460

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.	Insurance Company of the State of Pennsylvania	B.		19429

		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.	19.1/21.1 Private Passenger Auto	B.		

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
Bodily Injury	n/a	0.0%					
Property Damage	n/a	0.0%					
Medical Payments	n/a	0.0%					
Uninsured Motorists	n/a	0.0%					
Comprehensive	n/a	0.0%					
Collision	n/a	0.0%					
TOTAL OVERALL EFFECT	n/a %	0.0%					

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**
2002	NA	NA	NA	NA	NA	NA	63.1%
2003	NA	NA	NA	NA	NA	NA	50.8%
2004	NA	NA	NA	NA	NA	NA	63.4%
2005	916	-7.2%	4/4/05	546	311	56.9%	62.8%
2006	1979	---	---	1890	1776	93.9%	61.6%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	23.80%/24.70%
B. General Expense	included in A
C. Taxes, License & Fees	2.82%
D. Underwriting Profit & Contingencies	5.00%
E. Other (explain)*	3.83%/0.88%
F. TOTAL	27.79%/31.64%

*ISOP introduced on November 22,2004

**Calendar Year data

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

9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

*Investment Income = liab/phys dam