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.	**National Union Fire Insurance Company of Pittsburgh, PA**	B.	**19445**

		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**	**21.3%**
2003	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**0.5%**
2004	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**71.3%**
2005	**473**	**-7.9%**	**4/4/05**	**343**	**151**	**44.1%**	**53.1%**
2006	**627**	**---**	**---**	**744**	**710**	**95.4%**	**98.8%**

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%**

*NU introduced on November 22,2004 **Calendar Year data

*Investment Income = liab/phys dam

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): _____