

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-A-08-1-RU
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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.	Amica Mutual Insurance Company	B. 028-19976

	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.	19.1/21.4	B. 19.1001/21.1000

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Bodily Injury	N/A	0.0					
Medical Payments	N/A	0.0					
Uninsured Motorist	N/A	0.0					
Property Damage	N/A	0.0					
Misc. Comp. (Rental)	N/A	30.0					
Comp.&Coll. Base Rates	N/A	0.0					
TOTAL OVERALL EFFECT	N/A	0.2					

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
2003	537	+13.2%	07/01/03	672	352	0.524	0.608
2004	522	-0.2%	10/01/04	728	204	0.280	0.552
2005	501	---	---	716	473	0.661	0.515
2006	456	-5.1%	02/01/06	687	438	0.638	0.529
2007	426	-4.8%	05/01/07	586	(54)	(0.092)	0.548
2007	426	-0.3%	07/01/07	586	(54)	(0.092)	0.548

7.	Liab. / Phys. Dam	
Expense Constants	Selected Provisions	
A. Total Production Expense	.147	.143
B. General Expense	.033	.032
C. Taxes, License & Fees	.034	.034
D. Underwriting Profit & Cont. (inc. Inv. Inc)	.020	.020
E. Other (Anticipated Dividend)	.200	.042
F. TOTAL	.434	.451

- 8.** N/A Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** +12.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** -13.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____