

**NAIC LOSS COST DATA ENTRY DOCUMENT** (EFFECTIVE AUG. 16, 2004)

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>AR-3 RATE/RULE 10/08</b>
-----------	---	-----------------------------

<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	<b>Not applicable</b>
-----------	--	-----------------------

Company Name		Company NAIC Number	
<b>3.</b>	<b>A.</b>	<b>United Automobile Insurance Company</b>	<b>B.</b> <b>35319</b>

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
<b>4.</b>	<b>A.</b>	<b>TOI: 19.0 Personal Auto</b>	<b>B.</b> <b>Sub-TOI: 19.0001 private Passenger Auto (PPA)</b>

<b>5.</b>			<b>FOR LOSS COSTS ONLY</b>				
(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
<b>BI/PD</b>	<b>N/A</b>	<b>-2.1%</b>					
<b>TOTAL OVERALL EFFECT</b>		<b>-2.1%</b>					

<b>6.</b>		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
<b>Initial Year</b>	<b>N/A</b>						

<b>7.</b>	
Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 18.6 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 5
- 10.** -24.5 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 14