

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	ARPA08-01R
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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.	Sagamore Insurance Company	B. 40460

	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.	19.0 Personal Auto	B. 19.001 Private Passenger Auto

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
Liability	4	0					
Physical Damage	2	2					
TOTAL OVERALL EFFECT	3	0.7					

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	482			822	428	52.1%	55.2%
2003	595			816	341	41.8%	52.1%
2004	1500	19.4%	6/16/04	1056	619	58.6%	50.6%
2005	4223			3612	2414	66.8%	53.2%
2006	3226	3.6%	5/3/06	4496	2859	63.6%	57.0%
2006	3226	8.6%	11/7/06	4496	2859	63.6%	57.0%
2007		4.6%	2/1/07	2269	1347	59.4%	58.5%

7.		
	Expense Constants	Selected Provisions
	A. Total Production Expense	18.1
	B. General Expense	7.9
	C. Taxes, License & Fees	3.1
	D. Underwriting Profit & Contingencies	4.0
	E. Other (explain)	
	F. TOTAL	33.1

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 1.5 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0.0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____