

## NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>AIC-07-EO-24</b>
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item	<b>N/A</b>
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	Company Name	Company NAIC Number
<b>3.</b>	<b>A. Granite State Insurance Company</b>	<b>B. 23809</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. Medical Malpractice</b>	<b>B.</b>

<b>5.</b>		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
<b>General Healthcare Provider-</b>	<b>New Coverage</b>						
<b>TOTAL OVERALL EFFECT</b>	<b>New Coverage</b>	<b>0.00%</b>					

<b>6.</b>	5 Year History	Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
<b>2002</b>	<b>New Coverage</b>						
<b>2003</b>							
<b>2004</b>							
<b>2005</b>							
<b>2006</b>							

<b>7.</b>		
	Expense Constants	Selected Provision s
	A. Total Production Expense	<b>32.5%</b>
	B. General Expense	<b>1.8%</b>
	C. Taxes, License & Fees	<b>4.4%</b>
	D. Underwriting Profit & Contingencies	<b>5.0%</b>
	E. Other (explain)	
	<b>F. TOTAL</b>	<b>43.6%</b>

8. \_\_\_\_\_ Apply Loss Cost Factors to Future filings? (Y or N)
9. \_\_\_\_\_ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):                     **New Coverage**
10. \_\_\_\_\_ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):                     **New Coverage**