

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PA AR 06264 R01
-----------	---	------------------------

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
-----------	---	------------

	Company Name		Company NAIC Number
3.	A.	Massachusetts Bay Insurance Company	B. 0088-22306

	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.	Personal Auto – 19.0000	B. Private Passenger Auto - 19.0001

5.	(A)	(B)	(C)	FOR LOSS COSTS ONLY				
	COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	(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	19.0%	10.0%					
	Property Damage	-0.9%	0.0%					
	Combined Single Limit	N/A	6.0%					
	Uninsured Motorist	23.1%	12.0%					
	Medical Payments	13.9%	10.0%					
	Comprehensive	-12.3%	-5.5%					
	Collision	-10.5%	-5.5%					
	TOTAL OVERALL EFFECT	3.2%	2.0%					

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
	2000	2,818	-0.2%	05/01/2000	2,929,658	1,868,036	64.8%	61.4%
	2001	2,865	0.0%	N/A	2,978,584	1,446,074	49.5%	73.3%
	2002	3,421	5.0%	03/01/2002	3,741,474	2,201,274	59.8%	74.0%
	2003	3,136	5.0%	03/01/2003	3,858,095	2,320,072	60.1%	67.3%
	2004	2,976	5.0%	05/01/2004	3,419,276	2,077,985	61.8%	62.1%
	2005	2,715	3.5%	05/01/2005	3,541,821	1,330,703	38.6%	59.8%

7.	Expense Constants	Selected Provisions
	A. Total Production Expense	15.7%
	B. General Expense	10.3%
	C. Taxes, License & Fees	3.1%
	D. Underwriting Profit & Contingencies	4.3%
	E. Other (explain)	0.0%
	F. TOTAL	33.7%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 7.4% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -5.5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

U:LossCostDraft/DataEntry.doc