

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-PAP-06-R03
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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. Columbia Mutual Insurance Company	B.	40371

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. 19.0 Personal Auto	B.	19.0001 Private Passenger Auto (PPA)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Automobile	-2.1%	-2.46%	0	0	0	0	0
TOTAL OVERALL EFFECT	-2.1%	-2.46%					

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
2001	8,843	6.0%	10/1/01	7,523	5,032	66.9%	68.5%
2002	9,924	9.00%	11/1/02	8,934	5,615	62.9%	66.9%
2003	11,120	6.50% -1.16%	9/1/03 10/1/03	11,302	6,632	58.7%	61.9%
2004	10,697	-0.74%	5/1/04	11,825	7,557	63.9%	57.4%
2005	11,851	-7.22%	2/1/05	11,923	8,553	71.7%	62.0%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	0
B. General Expense	0
C. Taxes, Licenses & Fees	0
D. Underwriting Profit & Contingencies	0
E. Other (explain)	0
F. TOTAL	0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____