



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

| | | |
|----|---|-----------------|
| 1. | This filing transmittal is part of Company Tracking # | HO AR0616101R01 |
| 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. Hanover Insurance Company | B. | 0088-22292 |

| | | | |
|--|------------------|---|--------|
| 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. 4.0000 | B. | 4.0000 |

5.

| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | FOR LOSS COSTS ONLY | | | | |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| | | | (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 |
| HO 2, 3 | 8.7% | 1.7% | | | | | |
| HO 4 | -0.2% | 0.0% | | | | | |
| HO 6 | 0.5% | 0.0% | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | 8.5% | 1.7% | | | | | |

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 |
|------|--------------|-------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 2001 | 735 | 8.5% | 11/1/2001 | \$257 | \$83 | 32.1% | 51.0% |
| 2002 | 1,630 | 12.5% | 11/1/2002 | \$618 | \$302 | 48.8% | 45.6% |
| 2003 | 1,665 | 5.8% | 11/1/2003 | \$944 | \$930 | 98.5% | 49.1% |
| 2004 | 1,645 | 7.0% | 11/1/2004 | \$1,041 | \$570 | 54.7% | 64.5% |
| 2005 | 1,500 | 7.4% | 11/1/2005 | \$1,070 | \$276 | 25.8% | 95.9% |
| | | | | | | | |

7.

| 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. 4.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -5.7% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____