

**193R Application Spreadsheet**

<u>INSURANCE COMPANY</u>	<u>GROUP NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>AUTO (A) or HOME (H)</u>	<u>PROPOSED RATE DEV. (0.0%)</u>	<u>PROPOSED EFFECTIVE DATE</u>	<u>GROUP TYPE (CU, E, M, U)</u>	<u>TOTAL NUMBER IN GROUP</u>	<u>ELIGIBLE NUMBER IN GROUP</u>	<u>NUMBER OF CURRENT INSUREDS</u>	<u>ORIGINAL PLAN DATE</u>	<u>PRODUCER OR MARKETING REPRESENTATIVE</u>	<u>PRODUCER OR MARKETING REPRESENTATIVE CONTACT INFORMATION</u>	<u>EXPERIENCE SUBMITTED YES OR NO</u>
AIC	Allstate Insurance Company - Employees	statewide	statewide	MA	statewide	A	5.0%	12/08/15	E	25	25	6	12/8/2014	Mike Long	<a href="tel:860-380-2386">860-380-2386</a> / <a href="mailto:MLONG@Allstate.com">MLONG@Allstate.com</a>	No

\* Allstate Insurance Company

**EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING RATE DEVIATIONS**

Year Plan Will be Applied

2015

Insurers are required to submit the expense ratios underlying their current rates and the expense ratio or average expense per unit associated with the group marketing rate deviation.

<u>INSURANCE COMPANY</u>	<u>GROUPNAME</u>	(1) Expenses Assumed In Insurer's Rates Currently On File	(2) Expenses Associated With Group Marketing Plan	(3) Reasons for Expensed Difference	(4) Requested Group Rate Deviation
AIC	Allstate Insurance Company - Employees	25.6%	24.8%	Lower Acquisition Costs	5.0%

**PREMIUM /LOSS/EXPENSE EXHIBIT FOR 193R AUTO/HOME GROUPS AT LEAST 3 YEARS OLD WITH 1,000 OR MORE INSURED UNITS**

<insert year below>

Year Plan Will be Applied

2015

Insurers are required to submit a minimum three (3) full years of data, but can at their option submit additional years of data by inserting additional columns.

<u>INSURANCE COMPANY</u>	<u>GROUPNAME</u>	<u>Earned Premium</u>			<u>Incurred Loss Incl. IBNR</u>			<u>Incurred Loss Ratio</u>			3 Yr. Total
		2012	2013	2014	2012	2013	2014	2012	2013	2014	

AIC      AIC Total Group and Non-Group

<<< Not yet 3 years of data >>>

AIC      Allstate Insurance Company - Employees



**Allstate**<sup>®</sup>

You're in good hands.

Attached is the documentation required for the application for the listed Allstate Insurance Company of Massachusetts Group Marketing client.

We have verified that it is the intention of the client to participate in the Group Marketing program for the year of 2015-2016; we have confirmed the client's participation to them in writing:

The Allstate Corporation – Employees and Retirees

You may contact our client to verify information and confirm participation.

Haramrit Shergill  
Allstate Massachusetts State manager