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|---|--|------------------------------|--|--|------------------------------|---------------------|-------------------|------------------------------------|-----|
| Arbella Insurance Group -PC05152013 | | | | | | | | | |
| | | | | | | | | | |
| 193R Application Spreadsheet | | | | | | | | | |
| Year Plan Will be Applied 2013 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>INSURANCE COMPANY*</u> | | <u>STREET ADDRESS</u> | | | <u>CITY/TOWN</u> | <u>STATE</u> | <u>ZIP</u> | <u>AUTO (A) or HOME (H)</u> | |
| Arbella Mutual Insurance Company | | Prima Care P.C. | | | 187 Plymouth Ave PO Box 1070 | Fall River | MA | 02722 | (A) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| * Provide full insurance company name and full group name. If there is more than one company name, please separate the company name by a comma. | | | | | | | | | |
| ** Group Type - E = employee, CU = credit union, M = all other member groups, U = unions | | | | | | | | | |

Arbella Insurance Group – PC05152013

MASSACHUSETTS 2013
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Arbella Mutual Insurance Company 2013 Group Marketing clients.

We have verified that it is the intention of each of the following clients to participate in the Group Marketing program within their organization for the year 2013 and have confirmed their participation to them in writing:

Prima Care P.C.

You may contact any of our clients to verify information and confirm participation.

A handwritten signature in cursive script that reads "Al DeAngelis".

Al DeAngelis
Underwriting Manager

Arbella Mutual Insurance – PC05152013

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

2013

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.

INSURANCE
COMPANY

GROUPNAME

| <u>Earned Premium</u> | | | <u>Incurred Loss Incl. IBNR</u> | | | <u>Incurred Loss Ratio</u> | | | |
|-----------------------|------|------|---------------------------------|------|------|----------------------------|------|------|----------------|
| 2010 | 2011 | 2012 | 2010 | 2011 | 2012 | 2010 | 2011 | 2012 | 3 Yr. Total |

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

Year Plan Will be Applied 2013
 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) <u>Expenses Assumed In Insurer's Rates Currently On File</u> | (2) <u>Expenses Associated With Group Marketing Plan</u> | (3) <u>Reasons for Expensed Difference</u> | (4) <u>Requested Group Rate Deviation</u> |
|--------------------------|------------------|---|---|--|--|
| Arbella Mutual | Prima Care P.C. | 37.3% | 29.2% | Commission Reduction, Payroll Deduction, More EFT, Smaller rate of cancel/reinstatement, Higher Retention and Smaller Claim Volume | 5% |