

Arbella Insurance Group – RSCMEAM021315

MASSACHUSETTS 2015
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Arbella Mutual Insurance Company 2015 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 2015 and have confirmed their participation to them in writing:

Retired State, County, and Municipal Employees
Association of MA

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 Insurance Group - RSCMEAM021315						
193R Application Spreadsheet						
<u>INSURANCE</u>		<u>STREET</u>				AUTO (A) or
<u>COMPANY</u>	<u>GROUP NAME</u>	<u>ADDRESS</u>	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>HOME (H)</u>
Arbella Mutual Insurance Company	Retired State, County, and Municipal Employees Association of MA	11 Beacon Street, Suite 321	Boston	MA	02108	(A)

PROPOSED RATE	PROPOSED EFFECTIVE DATE	GROUP TYPE (CU, E, M, U)	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	PRODUCER OR MARKETING REPRESENTATIVE	PRODUCER OR MARKETING REPRESENTATIVE CONTACT INFORMATION	EXPERIENCE SUBMITTED YES OR NO
6%	02/13/015	M	62000	50200	0	02/13/015	Harrington Insurance Agency	www.harringtonsaves.com	N

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
Arbella Mutual Insurance Company	Retired State, County, and Municipal Employees Association of MA	35.3%	26.6%	Commission Reduction, Payroll Deduction, More EFT, Smaller rate of cancel/reinstate, Higher Retention and Smaller Claim Volume	6%

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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.

INSURANCE
COMPANY

GROUPNAME

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