

193R Application Spreadsheet																
INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	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
Farm Family Casualty Insurance	Massachusetts Farm	466 Chestnut Street	Ashland	MA	01721	Auto (A)	-5.0%	04/01/12	M	6500+	4,271	4,271	04/01/08	RICHARD SIMONIAN	Dick_Simonian@Farmfamily.com	Yes
														FRANCIS E BINGHAM	Francis_Bingham@Farmfamily.com	
														MAUREEN M O'MARA	Maureen_O'Mara@Farmfamily.com	
														CHERYL A LORANGER	Cheryl_Loranger@Farmfamily.com	
														DIANE L MASON-ARNOLD	Diane_Mason-Arnold@Farmfamily.com	
														MARK SYLVIA INSURANCE AGENCY LLC	Mark_Sylvia@Farmfamily.com	
														EVA KAY L SPENCER	EvaKay_Spencer@Farmfamily.com	
														ROBERT P SINOPOLI	Bob_Sinopoli@Farmfamily.com	
														CHAD P MEYER	Chad_Meyer@FARMFAMILY.COM	
														UGONE JOHNSON INSURANCE AGENCY	Dale_Johnson@farmfamily.com	
														STEVEN M CHARENTE	Steve_Charente@farmfamily.com	
														THOMAS B CARROLL	Thomas_Carroll@farmfamily.com	
														BLAIR AGENCY INC	Blair_AgencyInc@farmfamily.com	
														MICHAEL A EMOND	Mike_Emond@farmfamily.com	
														JP INSURANCE LLC	Jeff_Pichierri@Farmfamily.com	
														DONALD E LUDWIG	Donald_Ludwig@farmfamily.com	
														MARTIN G WEST	Martin_West@farmfamily.com	
														PETER S JOHNSON	Peter_Johnson@farmfamily.com	
														TIMOTHY F VILES	Timothy_Viles@farmfamily.com	
														ANDREW D BRODEUR	Andrew_Brodeur@farmfamily.com	

**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</u> <u>COMPANY</u>	<u>GROUPNAME</u>	(1) Expenses Assumed In Insurer's Rates <u>Currently On File</u>	(2) Expenses Associated With Group Marketing <u>Plan</u>	(3) Reasons for Expensed <u>Difference</u>	(4) Requested Group Rate <u>Deviation</u>
Farm Family Casualty Insurance	Massachusetts Farm Bureau	28.5%	23.5%	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

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.

<u>INSURANCE</u>	
<u>COMPANY</u>	<u>GROUPNAME</u>
Farm Family Casualty Insurance	Massachusetts Farm Bureau Federation

Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			3 Yr.
2010	2011	2012	2010	2011	2012	2010	2011	2012	Total
\$3,067,337	\$3,434,293	\$4,015,425	\$1,630,657	\$2,514,915	\$2,940,009	53.2%	73.2%	73.2%	67.4%

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Farm Family Casualty Insurance	Farm Family Casualty	Route 344, 9W	Glenmont	NY	12077	Auto (A)	-20.0%	04/01/13	E	617	8	8	04/01/08	RICHARD SIMONIAN	Dick_Simonian@Farmfamily.com	No
														FRANCIS E BINGHAM	Francis_Bingham@Farmfamily.com	
														MAUREEN M O'MARA	Maureen_O'Mara@Farmfamily.com	
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														TIMOTHY F VILES	Timothy_Viles@farmfamily.com	
														ANDREW D BRODEUR	Andrew_Brodeur@farmfamily.com	

**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</u> <u>COMPANY</u>	<u>GROUPNAME</u>	(1) Expenses Assumed In Insurer's Rates <u>Currently On File</u>	(2) Expenses Associated With Group Marketing <u>Plan</u>	(3) Reasons for Expensed <u>Difference</u>	(4) Requested Group Rate <u>Deviation</u>
Farm Family Casualty Insurance Company	Farm Family Casualty Insurance Company Employees	28.5%	23.5%	Lower Acquisition Costs	-20.0%

**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

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.

<u>INSURANCE</u>	
<u>COMPANY</u>	<u>GROUPNAME</u>
Farm Family Casualty Insurance Company	Farm Family Casualty Insurance Company Employees

Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			3 Yr.
2010	2011	2012	2010	2011	2012	2010	2011	2012	Total
NA - FF Casualty Insurance eligible group has fewer than 1,000 insured units.									