

193R Application Spreadsheet																
														PRODUCER OR	EXPERIENCE	
INSURANCE	GROUP NAME	STREET	CITY/TOWN	STATE	ZIP CODE	AUTO (A) or HOME (H)	PROPOSED RATE	PROPOSED EFFECTIVE DATE	GROUP TYPE	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	PRODUCER OR MARKETING REPRESENTATIVE	MARKETING REPRESENTATIVE CONTACT INFORMATION	SUBMITTED YES OR NO
Farm Family Casualty Insurance Company	Massachusetts Farm Bureau Federation	466 Chestnut Street	Ashland	MA	01721	Auto (A)	-5.0%	04/01/16	PA	6,500	2,381	4,210	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

2016

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	Massachusetts Farm Bureau Federation	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>

2016

Year Plan Will be Applied

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	Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			3 Yr. Total
		2013	2014	2015	2013	2014	2015	2013	2014	2015	
Farm Family Casualty Insurance Company	Massachusetts Farm Bureau Federation	\$2,137,249	\$2,359,872	\$2,874,517	\$1,035,533	\$1,295,976	\$1,679,228	48.5%	54.9%	58.4%	54.4%

193R Application Spreadsheet	2016																
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 Company	Massachusetts Farm Bureau	466 Chestnut Street	Ashland	MA	01721	Auto (A)	-5.0%	4/1/16	M	6500+	2,381	4,210	4/1/08	RICHARD SIMONIAN	Dick_Simonian@Farmfamily.com	Yes	
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														UGONE JOHNSON INSURANCE AGENCY , II	Dale_Johnson@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

2016

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
Farm Family Casualty Insurance Company	Massachusetts Farm Bureau Federation	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

Year Plan Will be Applied 2016
 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>			
		2013	2014	2015	2013	2014	2015	2013	2014	2015	3 Yr. Total
Farm Family Casualty Insurance Company	Massachusetts Farm Bureau Federation	\$2,137,249	\$2,359,872	\$2,874,517	\$1,035,533	\$1,295,976	\$1,679,228	48.5%	54.9%	58.4%	54.4%