

SECTION A – INDEX PAGE

Version	Effective Date
1.00	6/17/2013
1.01	9/23/2013
1.02	4/1/2014
1.03	1/15/2015
1.04	2/25/2015

Massachusetts
Automobile Rating Manual
Base Rates

Company	BI	PD	MP	PIP	Comp	Coll / Lmt Coll	UM	UIM	Fixed
LMGIC	584.4832	805.0627	56.6537	365.7337	228.6234	1026.2354	28.2376	4.3111	941.1251

Massachusetts
Automobile Rating Manual
Policy Discount Factor

Enrollment	Full Months	Term	Factor
Yes	0	6 Months	1.0000
Yes	1	6 Months	0.9740
Yes	2	6 Months	0.9740
Yes	3	6 Months	0.9806
Yes	4	6 Months	0.9872
Yes	5	6 Months	0.9950
Yes	6	6 Months	1.0000
Yes	7	6 Months	1.0000
Yes	8	6 Months	1.0000
Yes	9	6 Months	1.0000
Yes	10	6 Months	1.0000
Yes	11	6 Months	1.0000
Yes	0	12 Months	1.0000
Yes	1	12 Months	0.9740
Yes	2	12 Months	0.9740
Yes	3	12 Months	0.9740
Yes	4	12 Months	0.9740
Yes	5	12 Months	0.9770
Yes	6	12 Months	0.9810
Yes	7	12 Months	0.9840
Yes	8	12 Months	0.9870
Yes	9	12 Months	0.9910
Yes	10	12 Months	0.9950
Yes	11	12 Months	1.0000
No	0	6 Months	1.0000
No	1	6 Months	1.0000
No	2	6 Months	1.0000
No	3	6 Months	1.0000
No	4	6 Months	1.0000
No	5	6 Months	1.0000
No	6	6 Months	1.0000
No	7	6 Months	1.0000
No	8	6 Months	1.0000
No	9	6 Months	1.0000
No	10	6 Months	1.0000
No	11	6 Months	1.0000
No	0	12 Months	1.0000

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Massachusetts
Automobile Rating Manual
Base Rates

Company	BI	PD	MP	PIP	Comp	Coll / Lmt Coll	UM	UIM	Fixed									
LMGIC	545.5832	584.4832	751.4820	805.0627	52.8834	56.6537	341.3924	365.7337	224.0308	228.6234	1005.6202	1026.2354	26.3583	28.2376	4.0244	4.3111	896.3096	941.1251

Massachusetts
Automobile Rating Manual
Policy Discount Factor

Enrollment	Full Months	Term	Factor	
Yes	0	6 Months	1.0000	
Yes	1	6 Months	—0.9600	0.9740
Yes	2	6 Months	—0.9600	0.9740
Yes	3	6 Months	—0.9700	0.9806
Yes	4	6 Months	—0.9800	0.9872
Yes	5	6 Months	—0.9900	0.9950
Yes	6	6 Months	1.0000	
Yes	7	6 Months	1.0000	
Yes	8	6 Months	1.0000	
Yes	9	6 Months	1.0000	
Yes	10	6 Months	1.0000	
Yes	11	6 Months	1.0000	
Yes	0	12 Months	1.0000	
Yes	1	12 Months	—0.9600	0.9740
Yes	2	12 Months	—0.9600	0.9740
Yes	3	12 Months	—0.9600	0.9740
Yes	4	12 Months	—0.9600	0.9740
Yes	5	12 Months	—0.9650	0.9770
Yes	6	12 Months	—0.9700	0.9810
Yes	7	12 Months	—0.9850	0.9840
Yes	8	12 Months	—0.9800	0.9870
Yes	9	12 Months	—0.9850	0.9910
Yes	10	12 Months	—0.9900	0.9950
Yes	11	12 Months	1.0000	
No	0	6 Months	1.0000	
No	1	6 Months	1.0000	
No	2	6 Months	1.0000	
No	3	6 Months	1.0000	
No	4	6 Months	1.0000	
No	5	6 Months	1.0000	
No	6	6 Months	1.0000	
No	7	6 Months	1.0000	
No	8	6 Months	1.0000	
No	9	6 Months	1.0000	
No	10	6 Months	1.0000	
No	11	6 Months	1.0000	
No	0	12 Months	1.0000	

MASSACHUSETTS DIVISION OF INSURANCE
CERTIFICATION OF COMPLIANCE

(Please enter the corporate name of the First Filing Company, hereinafter referred to as "the Filing Entity.")

(Please enter the Company Tracking Number or SERFF Tracking Number, hereinafter referred to as "the Filing.")

I, _____, _____,
Name Title
as a representative of the Filing Entity and duly authorized to give this certification on its behalf, hereby certify under the pains and penalties of perjury that this Filing is in compliance with all relevant laws and regulations of the Commonwealth of Massachusetts.

Signature

Date