

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
Metropolitan Property and Casualty Insurance Company	Akebia Therapeutics Inc	245 First Street Suite 1100	Cambridge	MA	02142	AUTO	5%	Upon Approval	E

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
355	335			PETER BARRY	1-800-GETMET-8	No

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

Year Plan Will be Applied

2019

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>
Metropolitan Property and Casualty Insurance Company	Akebia Therapeutics Inc	23.8%	19.8%	Lower Acquisition Costs	5%

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

2018

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			
2015	2016	2017	2015	2016	2017	2015	2016	2017	3 Yr. Total