

| 193R Application Spreadsheet  |                                    |                 |                             |           |       |       |                      |               |                         |                          |                       |                          |                            |                    |                     |                                |
|---|------------------------------------|-----------------|-----------------------------|-----------|-------|-------|----------------------|---------------|-------------------------|--------------------------|-----------------------|--------------------------|----------------------------|--------------------|---------------------|--------------------------------|
| Year Plan Will be Applied   |                                    |                 |                             |           |       |       |                      |               |                         |                          |                       |                          |                            |                    |                     |                                |
| 2009  |                                    |                 |                             |           |       |       |                      |               |                         |                          |                       |                          |                            |                    |                     |                                |
| INSURANCE   | COMPANY*                           | GROUP NAME*     | STREET ADDRESS              | CITY/TOWN | STATE | ZIP   | AUTO (A) or HOME (H) | PROPOSED RATE | PROPOSED EFFECTIVE DATE | CU, E, M, U GROUP TYPE** | TOTAL NUMBER IN GROUP | ELIGIBLE NUMBER IN GROUP | NUMBER OF CURRENT INSUREDS | ORIGINAL PLAN DATE | AGENCY OR MKT. REP. | EXPERIENCE SUBMITTED YES OR NO |
|   | Metropolitan Property and Casualty | Office Max, Inc | 225 Liberty St. South Tower | New York  | NY    | 10080 | Auto                 | 5%            | 9/1/2009                | E                        | 25268                 | 272                      |                            |                    | Marybeth Daniel     | No                             |
| * Provide full insurance company name and full group name. If there is more than one company name, please separate the company name by a comma. |                                    |                 |                             |           |       |       |                      |               |                         |                          |                       |                          |                            |                    |                     |                                |
| ** Group Type - E = employee, CU = credit union, M = all other member groups, U = unions  |                                    |                 |                             |           |       |       |                      |               |                         |                          |                       |                          |                            |                    |                     |                                |

**EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING PLANS**

Year Plan Will be Applied

2009

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 plan

| <u>INSURANCE</u><br><u>COMPANY</u> | <u>GROUPNAME</u> | (1)<br>Expenses Assumed<br>In Insurer's Rates<br><u>Currently On File</u> | (2)<br>Expenses Associated<br>With Group Marketing<br><u>Plan</u> | (3)<br>Reasons for<br>Expensed<br><u>Difference</u> | (4)<br>Requested<br>Group Rate<br><u>Deviation</u> |
|------------------------------------|------------------|---|---|---|--|
| Metropolitan Property and Casualty | Office Max,Inc   | 24.6%   | 20.5%   | 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

2009

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><br><u>COMPANY</u> | <u>GROUPNAME</u> | <u>Earned Premium</u> |      |      | <u>Incurred Loss Incl. IBNR</u> |      |      | <u>Incurred Loss Ratio</u> |      |      | 3 Yr.<br>Total |
|------------------------------------|------------------|-----------------------|------|------|---------------------------------|------|------|----------------------------|------|------|----------------|
|                                    |                  | 2006                  | 2007 | 2008 | 2006                            | 2007 | 2008 | 2006                       | 2007 | 2008 |                |

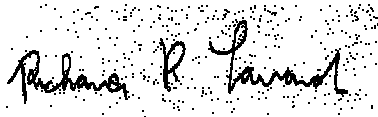
MASSACHUSETTS  
GROUP MARKETING NEW/RENEWAL  
AFFIDAVIT

Attached is the documentation required for the application for the listed Metropolitan Property and Casualty Insurance Company 2009 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 2009 and have confirmed their participation to them in writing:

Office Max, Inc.

You may contact any of our clients to verify information and confirm participation.

A handwritten signature in black ink, appearing to read "Richard P. Lonardo". The signature is written in a cursive style and is set against a background of a dense, light-colored stippled or dotted pattern.

Richard P. Lonardo, FCAS  
Vice President-Pricing