

<b>193R Application Spreadsheet</b>									
							<b>PROPOSED</b>	<b>PROPOSED</b>	
<b>INSURANCE</b>		<b>STREET</b>				<b>AUTO (A) or</b>	<b>RATE</b>	<b>EFFECTIVE</b>	<b>GROUP</b>
<b>COMPANY</b>	<b>GROUP NAME</b>	<b>ADDRESS</b>	<b>CITY/TOWN</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>HOME (H)</b>	<b>DEV. (0.0%)</b>	<b>DATE</b>	<b>TYPE</b>
Metropolitan Property and Casualty	American Water Works Association	6666 W. Quincy Street	Denver	CO	80235	Auto	5%	12/1/2016	AG
Metropolitan Property and Casualty	Ethos Veterinary Health LLC	20 Cabot Road	Woburn	MA	01801	Auto	5%	1/1/2017	E
Metropolitan Property and Casualty	Town of Burlington	29 Center Street	Burlington	MA	01803	Auto	5%	upon approval	E

TOTAL	ELIGIBLE	NUMBER	ORIGINAL	PRODUCER OR	EXPERIENCE	
NUMBER	NUMBER	OF CURRENT	PLAN	PRODUCER OR	SUBMITTED	
IN GROUP	IN GROUP	INSUREDS	DATE	MARKETING REPRESENTATIVE	CONTACT INFORMATION	
IN GROUP	IN GROUP	INSUREDS	DATE	MARKETING REPRESENTATIVE	CONTACT INFORMATION	YES OR NO
100000	1029			Thomas Bohde	1-800-GETMET-8	No
1059	371			TERRY BERNAT	1-800-GETMET-8	No
1400	892			PETER BARRY	1-800-GETMET-8	No

**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.

<b>INSURANCE COMPANY</b>	<b>GROUPNAME</b>	<b>(1) Expenses Assumed In Insurer's Rates Currently On File</b>	<b>(2) Expenses Associated With Group Marketing Plan</b>	<b>(3) Reasons for Expensed Difference</b>	<b>(4) Requested Group Rate Deviation</b>
Metropolitan Property and Casualty	American Water Works Association	23.0%	19.0%	Lower Acquisition Costs	<b>5.0%</b>
Metropolitan Property and Casualty	Ethos Veterinary Health LLC	23.0%	20.2%	Lower Acquisition Costs	<b>5.0%</b>
Metropolitan Property and Casualty	Town of Burlington	23.0%	20.2%	Lower Acquisition Costs	<b>5.0%</b>

**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

<u>Earned Premium</u>			<u>Incurred Loss Incl. IBNR</u>			<u>Incurred Loss Ratio</u>			<u>3 Yr.</u>
<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>Total</u>