

MASSACHUSETTS
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Metropolitan Property and Casualty Insurance Company 2010 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 2010 and have confirmed their participation to them in writing:

National Corvette Owners Association
Zales Corporation

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



Richard P. Lonardo, FCAS
Vice President

AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	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
Auto	5%	9/1/2010	M	23307	565			Sara Stein	No
Auto	5%	9/1/2010	E	13826	325			Vincent Rocco	No

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

Year Plan Will be Applied

2010

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 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>
Metropolitan Property and Casualty	National Corvette Owners Association	25.5%	21.5%	Lower Acquisition Costs	5.0%
Metropolitan Property and Casualty	Zales Corporation	25.5%	20.5%	Lower Acquisition Costs	5.0%

PREMIUM/LOSS EXHIBIT FOR 193R GROUPS AT LEAST 3 YEARS OLD WITH 1,000 or MORE INSURED UNITS

Year Plan Will be Applied 2010

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> <u>COMPANY</u>	<u>GROUPNAME</u>	<u>Earned Premium</u>			<u>Incurred Loss Incl. IBNR</u>			<u>Incurred Loss Ratio</u>			3 Yr. Total
		2007	2008	2009*	2007	2008	2009*	2007	2008	2009*	

2009 193R Application Spreadsheet
 Year Plan Will be Applied

2010

INSURANCE COMPANY*	GROUP NAME*	STREET ADDRESS	CITY/TOWN	STATE	ZIP	AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	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	National Corvette Owners Association	900 S. Washington St.	Falls Church	VA	22046	Auto	5%	9/1/2010	M	23307	565			Sara Stein	No

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

Year Plan Will be Applied

2010

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<u>INSURANCE 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>
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<u>INSURANCE</u> <u>COMPANY</u>	<u>GROUPNAME</u>	<u>Earned Premium</u>			<u>Incurred Loss Incl. IBNR</u>			<u>Incurred Loss Ratio</u>			3 Yr. Total
		2007	2008	2009*	2007	2008	2009*	2007	2008	2009*	