

193R Application Spreadsheet

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 (CU, E, M, U)
Metropolitan Property and Casualty	New England Police Benevolent Association	7 Technology Drive, Suite 102	Chelmsford	MA	01863	Auto	5%	8/1/2015	M
Metropolitan Property and Casualty	SEIU Local 509	100 Talcott Avenue Building 313, 2nd floor	Watertown	MA	02472	Auto	5%	8/1/2015	M

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
3800	3000			David Rutecki	1-800-GETMET8	No
18000	18000			Bill Wallace	1-800-GETMET8	No

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

Year Plan Will be Applied **2015**
 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>	<u>(1) Expenses Assumed In Insurer's Rates Currently on File</u>	<u>(2) Expenses Associated With Group Marketing Plan</u>	<u>(3) Reasons for Expensed Difference</u>	<u>(4) Requested Group Rate Deviation</u>
Metropolitan Property and Casualty Insurance Company	New England Police Benevolent Association	23.2%	19.9%	Lower Acquisition Costs	5.0%
Metropolitan Property and Casualty Insurance Company	SEIU Local 509	23.2%	18.9%	Lower Acquisition Costs	5.0%

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

Year Plan Will be Applied

2015

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>
2012	2013	2014	2012	2013	2014	2012	2013	2014	Total

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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>			<u>3 Yr.</u> <u>Total</u>
		2012	2013	2014	2012	2013	2014	2012	2013	2014	