

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	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
Plymouth Rock Assurance Corporation	Axsun Technologies	1 Fortune Drive	Billerica	MA	01821	A	5.0%	1/31/2019	E	102	102	0	1/31/2019	Hub International New England, LLC	(978) 657-5100	NO
Plymouth Rock Assurance Corporation	The Massachusetts Health and Hospital Association, Inc.	500 District Avenue	Burlington	MA	01810-5085	A	5.0%	1/31/2019	PA	210,000	189,000	0	1/31/2019	MHA Insurance Agency, Inc.	(781) 262-6019	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) Expenses Assumed In Insurer's Rates Currently On File	(2) Expenses Associated With Group Marketing Plan	(3) Reasons for Expensed Difference	(4) Requested Group Rate Deviation
Plymouth Rock Assurance Corporation	Axsun Technologies	37.5%	27.2%	Lower Acquisition/Admin Costs; Improved retention; Smaller rate of cancellation/reinstatement; Decreased claim volume; Economies of scale	5.0%
Plymouth Rock Assurance Corporation	The Massachusetts Health and Hospital Association, Inc.	37.5%	27.2%	Lower Acquisition/Admin Costs; Improved retention; Smaller rate of cancellation/reinstatement; Decreased claim volume; Economies of scale	5.0%

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

<insert year below>
2019

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>
2016	2017	2018	2016	2017	2018	2016	2017	2018	<u>Total</u>