

2009 193R Application Spreadsheet																
INSURANCE	GROUP NAME*	STREET	CITY/TOWN	STATE	ZIP	AUTO (A) or HOME (H)	PROPOSED RATE	PROPOSED EFFECTIVE DATE	CU, E, M, U GROUP TYPE**	TOTAL NUMBER	ELIGIBLE NUMBER	NUMBER OF CURRENT	ORIGINAL PLAN	AGENCY OR MKT. REP.	EXPERIENCE SUBMITTED	
COMPANY*		ADDRESS					DEV. (0.0%)	DATE		IN GROUP	IN GROUP	INSUREDS	DATE		YES OR NO	
Plymouth Rock Assurance Corporation	Chelmsford High School All Sports Booster Club	200 Richardson Road	N. Chelmsford	MA	01863	A	5%	4/1/2009	M	250	250	0	4/1/2009	David W. L'Hussier Insurance Agency	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																

**2009 EXPENSE EXHIBIT FOR ALL 193R GROUP MARKETING PLANS**

Insurers are required to submit the expense ratios underlying their current rates and the expense ratio or average expense per vehicle associated with the group marketing plan

<b><u>INSURANCE COMPANY</u></b>	<b><u>GROUPNAME</u></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>
Plymouth Rock Assurance Corporation	Chelmsford High School All Sports Booster Club	34.5%	33.5%	Lower acquisition cost	5.0%

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