

2010 193R Application Spreadsheet																
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	
Plymouth Rock Assurance Corporation	Caritas Christi Health Care	736 Cambridge Street	Brighton	MA	02135	A	3%	8/15/2010	E	9200	9100	0	8/15/2010	Rogers & Gray Insurance Agency, Inc.	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																

2010 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

<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	Caritas Christi Health Care	34.5%	33.5%	Lower acquisition cost	3.0%

**INSURANCE
COMPANY**

GROUPNAME

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

MASSACHUSETTS
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Plymouth Rock Assurance Corporation 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:

Caritas Christi Health Care

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

A handwritten signature in cursive script, appearing to read "Mark A. Sweeney".

Mark A. Sweeney
Chief Agency Officer