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						AUTO (A) or HOME (H)	PROPOSED	PROPOSED	GROUP	TOTAL	ELIGIBLE	NUMBER	ORIGINAL		PRODUCER OR	EXPERIENCE
INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	CTATE	ZID CODE	AUTO (A) or	RATE	EFFECTIVE	TYPE	NUMBER	NUMBER	OF CURRENT	PLAN	PRODUCER OR MARKETING REPRESENTATIVE	MARKETING REPRESENTATIV CONTACT INFORMATION	VES OF NO
Plymouth Rock Assurance Corporation	Human Rights Campaign	1640 Rhode Island Avenue	Washington	DC	20036	A HOME (H)	DEV. (0.0%)	4/1/2012	(CO, E, IVI, O)	1 900 000	81 483	INSUREDS	04/01/12	MassDrive Insurance Agency	866-963-8231	NO NO
Plymouth Rock Assurance Corporation	Mortar Board	1200 Chambers Road	Columbus	ОН	43212	A	4%	4/1/2012	M	202,605	2,473	-	04/01/12	MassDrive Insurance Agency	866-963-8231	NO
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INSURANCE		STREET				AUTO (A) or	RATE	EFFECTIVE	TYPE	NUMBER	NUMBER	OF CURRENT	PLAN	PRODUCER OR	MARKETING REPRESENTATIV	/E SUBMITTED
COMPANY	GROUP NAME	ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOME (H)	DEV. (0.0%)	DATE	(CU, E, M, U)	IN GROUP	IN GROUP	INSUREDS	DATE	MARKETING REPRESENTATIVE	CONTACT INFORMATION	YES OR NO

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

Year Plan Will be Applied 2012
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. (1)

		(1)	(2)	(3)	(4)
		Expenses Assumed	Expenses Associated	Reasons for	Requested
INSURANCE		In Insurer's Rates	With Group Marketing	Expensed	Group Rate
COMPANY	<u>GROUPNAME</u>	Currently On File	<u>Plan</u>	<u>Difference</u>	Deviation
Plymouth Rock Assurance Corporation	Human Rights Campaign	31.9%	30.9%	Lower Acquisition/Admin Costs	4.0%
Plymouth Rock Assurance Corporation	Mortar Board	31.9%	30.9%	Lower Acquisition/Admin Costs	4.0%

		(1)	(2)	(3)	(4)
		Expenses Assumed	Expenses Associated	Reasons for	Requested
INSURANCE		In Insurer's Rates	With Group Marketing	Expensed	Group Rate
COMPANY	GROUPNAME	Currently On File	<u>Plan</u>	<u>Difference</u>	<u>Deviation</u>

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 2012
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		Earned Premium		<u>lr</u>	curred Loss Incl. IBNF	3	Incurred Loss Ratio	3 Year
COMPANY GROUPNAME								LR
	2008Q4-2009Q3	2009Q4-2010Q3	2010Q4-2011Q3	2008Q4-2009Q3	2009Q4-2010Q3	2010Q4-2011Q3	2008Q4-2009Q3 09Q4-2010@110Q4-2011Q3	2008Q4-2011Q3

MASSACHUSETTS GROUP MARKETING NEW/RENEWAL AFFIDAVIT

Attached is the documentation required for the application for the listed Plymouth Rock Assurance Corporation Company 2012 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 2012 and have confirmed their participation to them in writing:

Human Rights Campaign Mortar Board

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

Gary M. Sjolin

Chief of Agency Marketing

193R Application Spreadsh	<u>eet</u>																
INOURANGE.		OTRET				AUTO (A) or HOME (H)	PROPOSED	PROPOSED	GROUP	TOTAL	ELIGIBLE	NUMBER	ORIGINAL	DESCRIPTION OF	PRODUCER OR	EXPERIENCE	
INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	STATE	ZID CODE	HOME (H)	DEV (0.0%)	DATE	(CILE M II)	NUMBER	NUMBER	INSUREDS	DATE	PRODUCER OR MARKETING REPRESENTATIVE	MARKETING REPRESENTATIV CONTACT INFORMATION	VES OR NO	
Plymouth Rock Assurance Corporation	Human Rights Campaign	1640 Rhode Island Avenue	Washington	DC	20036	A TIONIL (11)	DLV. (0.078)	6 4/1/2012	M	1 900 000	81 483	- INSUREDS	04/01/11	MassDrive Insurance Agency	866-963-8231	NO NO	
Plymouth Rock Assurance Corporation	Mortar Board	1200 Chambers Road	Columbus	ОН	43212	A	4%	4/1/2012	M	202,605	2,473	-	04/01/11	MassDrive Insurance Agency	866-963-8231	NO	
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							PROPOSED	PROPOSED	GROUP	TOTAL	ELIGIBLE	NUMBER	ORIGINAL		PRODUCER OR	EXPERIENCE
INSURANCE		STREET				AUTO (A) or	RATE	EFFECTIVE	TYPE	NUMBER	NUMBER	OF CURRENT	PLAN	PRODUCER OR	MARKETING REPRESENTATIV	/E SUBMITTED
COMPANY	GROUP NAME	ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOME (H)	DEV. (0.0%)	DATE	(CU, E, M, U)	IN GROUP	IN GROUP	INSUREDS	DATE	MARKETING REPRESENTATIVE	CONTACT INFORMATION	YES OR NO

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

Year Plan Will be Applied 2012
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		(1)	(2)	(3)	(4)
		Expenses Assumed	Expenses Associated	Reasons for	Requested
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		(1)	(2)	(3)	(4)
		Expenses Assumed	Expenses Associated	Reasons for	Requested
INSURANCE		In Insurer's Rates	With Group Marketing	Expensed	Group Rate
COMPANY	GROUPNAME	Currently On File	<u>Plan</u>	<u>Difference</u>	<u>Deviation</u>

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

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COMPANY GROUPNAME								LR
	2008Q4-2009Q3	2009Q4-2010Q3	2010Q4-2011Q3	2008Q4-2009Q3	2009Q4-2010Q3	2010Q4-2011Q3	2008Q4-2009Q3 09Q4-2010@110Q4-2011Q3	2008Q4-2011Q3