193R Application Spreadsheet																
								PROPOSED			ELIGIBLE		ORIGINAL		PRODUCER OR	EXPERIENCE
INSURANCE		STREET				AUTO (A) or		EFFECTIVE				OF CURRENT		PRODUCER OR	MARKETING REPRESENTATI	
COMPANY	GROUP NAME	<u>ADDRESS</u>	CITY/TOWN	STATE	ZIP CODE	HOME (H)	DEV. (0.0%)	<u>DATE</u>	TYPE	IN GROUP	IN GROUP	INSUREDS	DATE	MARKETING REPRESENTATIVE	CONTACT INFORMATION	YES OR NO
Plymouth Rock Assurance Corporation	Encharter Insurance	25 University Drive	Amherst	MA	01002	Α	5.0%	04/01/16	E	25	15	12	07/01/06	Encharter Insurance, LLC	866-669-6457	NO

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

Year Plan Will be Applied Insurers are required to submit the ex	pense ratios underlying their current rates and the expense ratio or average exper	2016 nse			
per unit associated with the group ma	rketing rate deviation.				
		(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	Plan	Difference	Deviation
<u> </u>	<u></u>	Ganting Girring	<u>- 1411</u>	2	Dovidio

COMPANY	GROUPNAME	Currently On File	<u>Plan</u>	<u>Difference</u>	Deviation
				Lower Acquisition/Admin Costs; Improved retention;	
				Smaller rate of cancellation/reinstatement; Decreased	
Plymouth Rock Assurance Corporation	Encharter Insurance	34.9%	27.2%	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> 2016

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.

Earned Premium Incurred Loss Incl. IBNR Incurred Loss Ratio INSURANCE COMPANY GROUPNAME 2013 2014 2015 2013 2014 2015 2013 2014 2015 Total