

193R Application Spreadsheet																
Year Plan Will be Applied	2010															
INSURANCE		STREET				AUTO (A) or	PROPOSED	PROPOSED	CU, E,M,U	TOTAL	ELIGIBLE	NUMBER	ORIGINAL		EXPERIENCE	
COMPANY*	GROUP NAME*	ADDRESS	CITY/TOWN	STATE	ZIP	HOME (H)	RATE	EFFECTIVE	GROUP	NUMBER	NUMBER OF CURRENT	PLAN	AGENCY OR	SUBMITTED		
							DEV. (0.0%)	DATE	TYPE**	IN GROUP	IN GROUP	INSUREDS	DATE	MKT. REP.	YES OR NO	
Safety Insurance Company	Wellesley Cooperative Bank	40 Central St	Wellesley	MA	02482	A	4.0%	4/15/2010	M	5,814	2,907	N/A	N/A	Corcoran Havlin Insurance	No	

EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING PLANS

Year Plan Will be Applied

2010

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 plan

<u>INSURANCE COMPANY</u>	<u>GROUPNAME</u>	(1) Expenses Assumed In Insurer's Rates <u>Currently On File</u>	(2) Expenses Associated With Group Marketing <u>Plan</u>	(3) Reasons for Expensed <u>Difference</u>	(4) Requested Group Rate <u>Deviation</u>
Safety Insurance Company	Wellesley Cooperative Bank	37.6%	30.0%	Lower Acquisition Costs and Lower Commission Paid	4.0%

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

2010

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>Gross 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 Safety Insurance 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:

Wellesley Cooperative Bank

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

Glenn Hiltpold, F.C. A.S.

Glenn Hiltpold, FCAS
Director – Actuarial Services

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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 PLAN INSUREDS	ORIGINAL PLAN DATE	AGENCY OR MKT. REP.	EXPERIENCE SUBMITTED YES OR NO
Safety Insurance Company	Wellesley Cooperative Bank	40 Central St	Wellesley	MA	02482	A	4.0%	4/15/2010	M	5,814	2,907	N/A	N/A	Wellesley Cooperative	No

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<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>