

193R Application Spreadsheet																	
Year Plan Will be Applied															2012		
INSURANCE	GROUP NAME*	STREET	CITY/TOWN	STATE	ZIP	AUTO (A) or HOME (H)	PROPOSED RATE	PROPOSED EFFECTIVE DATE	GROUP TYPE (CU, E, M, U)	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	PRODUCER OR MARKETING REPRESENTATIVE	PRODUCER OR MARKETING REPRESENTATIVE CONTACT INFORMATION	EXPERIENCE SUBMITTED	YES OR NO
The Premier Insurance Company of Massachusetts	United Technologies, Inc.	United Technologies Building	Hartford	CT	06101	A	4.0	1/15/2012	E	80,870	2,870	0		Seabury & Smith	877-511-0158	No	
The Premier Insurance Company of Massachusetts	Supervalu	7075 Flying Cloud Drive	Eden Prairie	MN	55344	A	4.0	1/15/2012	E	87,156	12,900	0		Seabury & Smith	877-511-0158	No	

EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING PLANS					
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 plan					
		(1)	(2)	(3)	(4)
INSURANCE		Expenses Assumed	Expenses Associated	Reasons for	Requested
COMPANY	GROUPNAME	In Insurer's Rates	With Group Marketing	Expensed	Group Rate
		Currently On File	Plan	Difference	Deviation
The Premier Insurance Company of Massachusetts	United Technologies, Inc.	27.6	22.7	Reduced Commission	4.0
The Premier Insurance Company of Massachusetts	Supervalu	27.6	22.7	Reduced Commission	4.0