193R Application Spreadsheet

INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	PROPOSED EFFECTIVE DATE	GROUP TYPE	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
Allstate Insurance Company	Allstate Insurance Company - Employees	statewide	statewide	MA	statewide	A	5.0%	12/08/17	E	176	176	10	12/8/2014	Michelle Wagner	(610) 251-3340 Michelle.Wagner@allstate.com	No

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

Year Plan Will be Applied **2017**

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.

INSURANCE COMPANY	GROUPNAME	(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
Allstate Insurance Company	The Allstate Corporation - Employees	25.6%	24.8%	Lower Acquisition Costs	5.0%

Year Plan Will be Applied **<insert year below>**
2017

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	Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			3 Yr. Total
		2014	2015	2016	2014	2015	2016	2014	2015	2016	
Allstate Insurance Company	Allstate Insurance Company Total Group and Non-Group										
					<<< Not yet 3 years of data >>>						
Allstate Insurance Company	The Allstate Corporation - Employees										