

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
The Commerce Insurance Company	Massachusetts Association of Health Plans, Inc. (MAHP)	40 Court Street, Suite 550	Boston	MA	02108	A	4.0%	01/22/18	O	5,200	5,100	0	New	Flynn Insurance Agency, Inc.	(617) 242-1200	No

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The Commerce Insurance Company	Massachusetts Association of Health Plans, Inc. (MAHP)	40 Court Street, Suite 550	Boston	MA	02108	A	4.0%	12/18/17	O	5,200	5,100	0	New	Flynn Insurance Agency, Inc.	(617) 242-1200	No