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
GEICO/GEICO GENERAL	Berkshire Hathaway Inc.	3555 Farnam Street Suite 1440	Omaha	NE	68131	Auto	-5.00%	5/18/2019	E	79,296	1,682	1,309	5/18/2009		http://www.geico.com/	N

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

Year Plan Will be Applied **2019**

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
GEICO/GEICO GENERAL	Berkshire Hathaway Inc.	14.2%	8.6%	Lower Acquisition Costs	-5.0%

Year Plan Will be Applied **<insert year below>** **2019**

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			
		2016	2017	2018	2016	2017	2018	2016	2017	2018	3 Yr. Total
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A