RESET FORM

MASSACHUSETTS DIVISION OF INSURANCE
RATE DEVIATION ABSTRACT

NOTE: Please be advised that this abstract is not intended to be a substitute for any Rate Type filing materials required by M.G.L. 174A, §6 or M.G.L. 175A, §6, or by Bulletin 2008-08, nor for any Supplementary Rating Information or Supporting Information as defined within Bulletin SRB 90-05.

INSTRUCTIONS: Please complete one abstract per Filing Company and per designation number. If requested data differs by category, separate abstracts or combined figures are required.

_____

Please enter the corporate name and nine-digit NAIC number of the Filing Company (e.g. 0000-00000).

_____

Please enter the name of the applicable Rating Bureau.

_____

Please enter the designation number and effective date of the Rating Bureau's filing or program.

Sub-type of Insurance: Please select the filing's Sub-TOI from this list:

Latest Year Massachusetts Direct Written Premium: _____

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1. **Please indicate if deviating from Rates, from Rating Rules, or from a Rating Plan:**

_____

2. **Please indicate if the proposed deviation is new, amended or unchanged:**

_____

3. **DEVIATION HISTORY (company specific):** *Please begin with the most recent revision.*

Date (MM/DD/YY)	*% Deviation*	*Bureau Program Effective Date*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **MASSACHUSETTS EXPERIENCE HISTORY (company specific):**

Please begin with the most recent year.
If Workers' Compensation, use policy year data.

Year	*Earned Premium*	*Incurred Losses*	*Loss Ratio*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **EXPENSE PROVISIONS:** *Please include a three-year expense data exhibit.*

	Provision	*Flat / Variable*
General Expense	_____	_____
Commissions/Brokerage	_____	_____
Other Acquisition	_____	_____
Taxes, Licenses, Fees	_____	_____
Other Expenses	_____	_____
Underwriting Profit	_____	_____

6. **Please summarize the proposed deviation to the Rates, Rating Rules or Rating Plan that have been approved for use by members of the named Rating Bureau.**

****

_____ _____
Signature of Person Completing this Abstract Date

_____
Name and Title of Person Completing This Abstract

CERTIFICATION

I, _____, _____,
Name *Title*
hereby certify that the information contained in this abstract is true, and that the Division of Insurance will be notified in writing should the Filing Company wish to withdraw the deviation proposed herein.

_____ _____
Signature Date