

ANNUAL CALLS FOR EXPERIENCE - ACKNOWLEDGMENT FORM

(Please sign and return immediately)

Actuarial Department
Pennsylvania/Delaware Compensation Rating Bureaus
The Widener Building, 6th Floor
One South Penn Square
Philadelphia, PA 19107-3577

Re: Annual Calls for Compensation Experience

This will acknowledge the receipt of your package dated January 31, 2001 on Annual Calls for Experience. Please indicate on Pages 2 and 3 by check mark (√ or X) the disposition of each call for experience enclosed with the circular.

Carrier Name(s)* _____

Submitted by _____

Signature _____

Title _____

Telephone _____

Fax Number _____

Date Submitted _____

* If this acknowledgment is submitted on a group basis, list all carriers individually.

Compact Disk (CD)	Received (1)	Not Received (2)	No Experience To Report *	
			PA	DE
Annual Calls and Financial Data Incentive Program CD	<input type="text"/>	<input type="text"/>		
Calls / Programs				
Financial Data Incentive Program - PA	<input type="text"/>	<input type="text"/>		
Financial Data Incentive Program - DE	<input type="text"/>	<input type="text"/>		
1) Policy Year Call for Compensation Experience, Valued as of December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2) Call for Calendar Year Expense Data - Due April 16, 2001 - DE ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) "F" Classification Policy Year Call for Compensation Experience, Valued as of December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4) Workers Compensation Large Claim Experience by Policy Year, Valued as of December 31, 1999 and December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5) Reconciliation Report - Calendar Year 2000 - Due April 16, 2001 - PA ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6) Delaware Workers Compensation Deductible Experience by Policy Year, Valued as of December 31, 2000 - Due March 15, 2001 - DE ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* This column should be checked only if you have no experience for the state for all years required by the Call. A "No Experience to Report Verification Form" **MUST** be submitted with the Acknowledgment form for **EACH** Call in which you have no experience to report. A copy of that form is shown on Page 4.

Calls / Programs (Continued)	Received (1)	Not Received (2)	No Experience To Report *	
			PA	DE
7) Accident Year Call for Compensation Experience, Valued as of December 31, 2000 - Due April 2, 2001 - PA ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8) Net (as Written) Large Deductible Call for Experience by Policy Year, Valued as of December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9) Gross (1st Dollar) Large Deductible Call for Experience by Policy Year, Valued as of December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10) Call for Indemnity Pension Claim Experience, Valued as of December 31, 2000 - Due April 2, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* *				
12) Assigned Risk Policy Year Call for Compensation Experience, Valued as of December 31, 2000 - Due March 15, 2001 - DE ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13) Policy Year Call for Capitated Medical Experience, Valued as of December 31, 2000 - Due March 15, 2001 - PA & DE				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14) Call for Calendar Year Expense Data - Due April 16, 2001 - PA ONLY				
a) Instructions	<input type="text"/>	<input type="text"/>		
b) Form	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* This column should be checked only if you have no experience for the state for all years required by the Call. A "No Experience to Report Verification Form" **MUST** be submitted with the Acknowledgment form for **EACH** Call in which you have no experience to report. A copy of that form is shown on Page 4.

* * Please note that Call #11 (Commutated Claims) is not requested at this time.

PENNSYLVANIA/DELAWARE COMPENSATION RATING BUREAU NO EXPERIENCE TO REPORT VERIFICATION FORM

This form is to provide the Bureau with positive confirmation that a carrier has no experience to report under a given Call(s). Return this form(s) with the "Acknowledgment Form." Submit **ONE** of these forms for **EACH** Call in which you indicate no experience to report on the "Acknowledgment Form."

Only one box may be checked off on this form. For example, should a carrier have five calls with no experience to report, then five verification forms must be submitted to the Bureau with the "Acknowledgment Form."

Carrier(s)* _____ _____	NAIC Carrier Code _____ _____	State Code (circle one) PA (37) DE (07)
Submitted by _____ Title _____	Date _____ Phone _____	

Call		No Experience
#1	Policy Year Call for Compensation Experience Valued as of December 31, 2000	<input type="checkbox"/>
#2	Delaware Calendar Year Expense Data	<input type="checkbox"/>
#3	"F" Classification Policy Year Call for Compensation Experience Valued as of December 31, 2000	<input type="checkbox"/>
#4	Workers Compensation Large Claim Experience by Policy Year Valued as of December 31, 2000	<input type="checkbox"/>
#5	Pennsylvania Reconciliation Report - Calendar Year 2000	<input type="checkbox"/>
#6	Delaware Workers Compensation Deductible Experience by Policy Year Valued as of December 31, 2000	<input type="checkbox"/>
#7	Pennsylvania Accident Year Call for Compensation Experience Valued as of December 31, 2000	<input type="checkbox"/>
#8	Net (as Written) Large Deductible Call for experience by Policy Year Valued as of December 31, 2000	<input type="checkbox"/>
#9	Gross (1st Dollar) Large Deductible Call for experience by Policy Year Valued as of December 31, 2000	<input type="checkbox"/>
#10	Call for Indemnity Pension Claim Experience Valued as of December 31, 2000	<input type="checkbox"/>
#12	Assigned Risk Policy Year Call for Compensation Experience Valued as of December 31, 2000	<input type="checkbox"/>
#13	Policy Year Call for Capitated Medical Experience Valued as of December 31, 2000	<input type="checkbox"/>
#14	Pennsylvania Calendar Year Expense Data	<input type="checkbox"/>

* If submitted on a group basis, list all carriers individually.