

**TRANSMITTAL LETTER
PENSION CLAIM EXPERIENCE CALL #10
VALUED AS OF DECEMBER 31, 2000**

1. STATE: PENNSYLVANIA DELAWARE
2. DUE DATE: APRIL 2, 2001
3. CARRIER NAME: _____
4. FILING AS: GROUP INDIVIDUAL COMPANY
5. If filing as a group, list individual carrier names or NAIC carrier codes:

6. SUBMISSION TYPE: ORIGINAL CORRECTION

MAIL CALL AND TRANSMITTAL LETTER TO:

**PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
THE WIDENER BUILDING, 6TH FLOOR
ONE SOUTH PENN SQUARE
PHILADELPHIA, PA 19107-3577
ATTN: ACTUARIAL DEPARTMENT**

**PCRB/DCRB USE ONLY
Date Received**

Receipt Mailed

**PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
RECEIPT OF CALL NOTIFICATION
PENSION CLAIM EXPERIENCE CALL #10
VALUED AS OF DECEMBER 31, 2000**

7. STATE: PENNSYLVANIA DELAWARE
8. DUE DATE: APRIL 2, 2001
9. SUBMISSION TYPE: ORIGINAL CORRECTION
10. DATE RECEIVED AT PCRB/DCRB _____ BY _____
11. MAIL RECEIPT TO (Indicate specific individual):

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
Indemnity Pension Claim Experience Call #10

Carrier(s)*	_____	NAIC Carrier Code(s)	_____
	_____		_____
Submitted By	_____	Title	_____
Signature	_____	State Code (circle one)	PA(37) DE(07)
Telephone	_____	Date Submitted	_____

1. Does your company have any open Workers' Compensation indemnity pension claims as of 12/31/00 with reserve amounts included in Bureau Calls #1 or #9?
 - () Yes
 - () No

2. Were these open indemnity pension claims reserved on a tabular basis using either the 1989-1991 U.S. Decennial Life Tables (new) or the 1979-1981 U.S. Decennial Life Tables (old) which reflect a discount for interest at 3½ percent?
 - () Yes
 - () No

If you responded "Yes" to both of these questions, you must complete Page 2 of this call. If you responded "No" to either questions please submit this page only. Answer consistent with question #4 on page 5 of Call #1 or question #3 on page 5 of Calls #8 and #9.

