

DELAWARE COMPENSATION RATING BUREAU
Assigned Risk Policy Year Call #12 Valued as of December 31, 2000

NAIC
Carrier Code
(Five - Digit)

Carrier(s)*		Date Submitted	State Code DE(07)
		Submitted By	Title
		Signature	Phone

POLICY YEAR	POLICY YEAR ACCUMULATED EARNED PREMIUM			ACCUMULATED POLICY YEAR INCURRED LOSSES-TOTAL			
	Standard at Bureau Designated Stat. Reporting Level (1)	Standard At Company Level (2)	Net (3)	Paid (9) + (10) (4)	Outstanding Excluding IBNR (11) + (12) (5)	IBNR (13) + (14) (6)	Incurred Losses Including IBNR (4) + (5) + (6) (7)
A. Prior to 1994							
B. 1994							
C. 1995							
D. 1996							
E. 1997							
F. 1998							
G. 1999							
H. 2000							
I.							
J.							
K.							
L.							
M.							
N.							
O.							
P.							
Q.							
R.							
S.							
T.							
U.							
V.							
X. Total to 12-31-00 Sum (A) to (H)							
Y. Total to 12-31-99 Sum (A) to (G) Last Year							
Z. Calendar Year 2000 Experience (X-Y)							

*If this is a group report, list all carrier names or carrier codes for which any experience is reported.

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Carrier(s)*		Date Submitted	State Code DE(07)
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POLICY YEAR	ACCUMULATED POLICY YEAR INCURRED LOSSES						
	Incurred Indemnity Claim Count (8)	Paid		Outstanding Excluding IBNR		IBNR	
		Indemnity (9)	Medical (10)	Indemnity (11)	Medical (12)	Indemnity (13)	Medical (14)
A. Prior to 1994							
B. 1994							
C. 1995							
D. 1996							
E. 1997							
F. 1998							
G. 1999							
H. 2000							
I.							
J.							
K.							
L.							
M.							
N.							
O.							
P.							
Q.							
R.							
S.							
T.							
U.							
V.							
X. Total to 12-31-00 Sum (A) to (H)							
Y. Total to 12-31-99 Sum (A) to (G) Last Year							
Z. Calendar Year 2000 Experience (X-Y)							

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CARRIER(S)* _____

NAIC CARRIER CODES _____
STATE CODE DE(07) _____

POLICY YEAR	OUTSTANDING EXCLUDING IBNR			
	Indemnity		Medical	
	CASE (15)	BULK (16)	CASE (17)	BULK (18)
A. Prior to 1994				
B. 1994				
C. 1995				
D. 1996				
E. 1997				
F. 1998				
G. 1999				
H. 2000				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				
Q.				
R.				
S.				
T.				
U.				
V.				
X. Total to 12-31-00 Sum (A) to (H)				
Y. Total to 12-31-99 Sum (A) to (G) Last Year				
Z. Calendar Year 2000 Experience (X-Y)				

NOTE:

A. Does your company currently report all bulk reserves for indemnity and medical under the IBNR columns on page 2? Indicate by placing an "X" in the appropriate space below.
_____ No _____ Yes

If "NO", then COMPLETE Columns 15 - 18.

If "YES", then Columns 15 - 18 should be BLANK.

B. If your company currently reports any bulk reserves for indemnity and medical under the outstanding excluding IBNR columns of page 2 then:

1. Columns 15 + 16 on this page must equal Column 11 on page 2.
2. Columns 17 + 18 on this page must equal Column 12 on page 2.

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NAIC
Carrier Code
(Five- Digit)

Carrier(s)*	_____	Date Submitted	State Code	DE(07)
	_____	Submitted By	Title	
	_____	Signature	Phone	

POLICY YEAR	POLICY YEAR INCURRED INDEMNITY CLAIM COUNT		ACCUMULATED POLICY YEAR LOSSES		ACCUMULATED POLICY YEAR ALLOCATED LOSS ADJUSTMENT EXPENSE			
	Accumulated Closed (Paid) (19)	Open Outstanding (20)	Paid Losses on Closed Claims		Paid (23)	Case (24)	Bulk + IBNR (25)	Incurred (23)+(24)+(25) (26)
			Indemnity (21)	Medical (22)				
A. Prior to 1994								
B. 1994								
C. 1995								
D. 1996								
E. 1997								
F. 1998								
G. 1999								
H. 2000								
I.								
J.								
K.								
L.								
M.								
N.								
O.								
P.								
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V.								
X. Total to 12-31-00 Sum (A) to (H)								
Y. Total to 12-31-99 Sum (A) to (G) Last Year								
Z. Calendar Year 2000 Experience (X-Y)								

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Questionnaire

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

1. Is this is a group report? If so list all carriers separately.
 Yes No If yes, indicate new (or dropped) members.

2. Do any credits appear in any of the experience reported in lines A through H? Yes No If yes, please explain.

3. Are the reserves in columns (11) through (18) discounted? (please check one)
 a) No
 b) Yes - Only for Indemnity cases reserved on a tabular basis discounted at 3.5%.
 c) Yes - Other, please explain. _____

If item 3c is checked, is this a change from last year's Call? Yes No

4. Has the standard premium in column (1) been adjusted to the Bureau Designated Statistical Reporting Level?
 Yes No

5. Does the reported accumulated total from the previous Supplementary Call (line X), for columns (1) through (26), correspond to that reported on the present Call (line Y)? Yes No If no, please explain.

6. For any policy year, lines A through G, do the Accumulated Paid Losses in columns (9) and (10) decrease from last year's report of Accumulated Paid Losses in columns (9) and (10) for that policy year? Yes No If yes, please explain.

*If this is a group report, list all carriers for which any experience is reported.