

**TRANSMITTAL LETTER
POLICY YEAR CALL #1 VALUED AS OF DECEMBER 31, 2000**

1. STATE: PENNSYLVANIA DELAWARE
2. DUE DATE: MARCH 15, 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
POLICY YEAR CALL #1 VALUED AS OF DECEMBER 31, 2000**

7. STATE: PENNSYLVANIA DELAWARE
8. DUE DATE: MARCH 15, 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
Policy Year Call For Compensation Experience #1 by State Valued As of December 31, 2000

NAIC
Carrier Code
(Five - Digit)

Carrier(s)*

Date Submitted _____ State Code (circle one) PA(37) 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 1980							
B. 1980							
C. 1981							
D. 1982							
E. 1983							
F. 1984							
G. 1985							
H. 1986							
I. 1987							
J. 1988							
K. 1989							
L. 1990							
M. 1991							
N. 1992							
O. 1993							
P. 1994							
Q. 1995							
R. 1996							
S. 1997							
T. 1998							
U. 1999							
V. 2000							
X. Total to 12-31-00 Sum (A) to (V)							
Y. Total to 12-31-99 Sum (A) to (V) 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.

CARRIER(S)* _____

NAIC CARRIER CODES _____
STATE CODE (circle one) PA(37) DE(07)

POLICY YEAR	OUTSTANDING EXCLUDING IBNR			
	Indemnity		Medical	
	CASE (15)	BULK (16)	CASE (17)	BULK (18)
A. Prior to 1980				
B. 1980				
C. 1981				
D. 1982				
E. 1983				
F. 1984				
G. 1985				
H. 1986				
I. 1987				
J. 1988				
K. 1989				
L. 1990				
M. 1991				
N. 1992				
O. 1993				
P. 1994				
Q. 1995				
R. 1996				
S. 1997				
T. 1998				
U. 1999				
V. 2000				
X. Total to 12-31-00 Sum (A) to (V)				
Y. Total to 12-31-99 Sum (A) to (V) 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.

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

NAIC
Carrier Code
(Five- Digit)

Carrier(s)*	Date Submitted	State Code (circle one) PA(37) 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 1980								
B. 1980								
C. 1981								
D. 1982								
E. 1983								
F. 1984								
G. 1985								
H. 1986								
I. 1987								
J. 1988								
K. 1989								
L. 1990								
M. 1991								
N. 1992								
O. 1993								
P. 1994								
Q. 1995								
R. 1996								
S. 1997								
T. 1998								
U. 1999								
V. 2000								
X. Total to 12-31-00 Sum (A) to (V)								
Y. Total to 12-31-99 Sum (A) to (V) 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.

** Columns (23)-(26) should be completed for Delaware only. Do not complete columns (23)-(26) for Pennsylvania.

Carrier(s)* _____

Submitted By _____
Signature _____
Telephone _____

NAIC Carrier Code(s) _____

Title _____
State Code (circle one) PA(37) DE (07)
Date Submitted _____

1. If this is a group report, have any new members been added to (or deleted from) this report?
()Yes ()No If yes, indicate new (or dropped) members.

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

3. 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.

4. 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 4c is checked, is this a change from last year's Call? ()Yes ()No

5. Has the standard premium in column (1) been adjusted to the Bureau Designated Statistical Reporting Level?

()Yes ()No

6. Is a copy of page 15 of the Annual Statement for each carrier included in this Call? ()Yes ()No If no, please explain.

7. For any policy year, lines A through U, 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 individually all carriers for which any experience is reported.

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

This is to certify the reconciliation of 2000 Calendar Year data reported to the Bureau on Call for Experience #1 and the data reported on page 15 of the Annual Statement. You are required to fill in Standard Earned Premium figures as they will be needed for reconciliation in other calls.

	<u>Standard Earned Premium</u>	<u>Net Direct Earned Premium</u>	<u>Incurred Losses</u>
(1) Data Reported on Call #1, Line Z Columns (1), (3) and (7)	_____	_____	_____
Deductible Items			
(2) Large Deductible Policies Net Basis Call #8, Line Z, Columns (1), (3) and (7)	_____	_____	_____
(3) Small Deductible Premium Credit or Reimbursed Incurred Losses on Small Deductible Coverages	_____	N / A	_____
(4) Total (1) + (2) - (3)	_____	_____	_____
Reconciliation Items			
(5) "F" Classification Policy Year Call Call #3, Line Z, Columns (1), (3) and (7)	_____	_____	_____
(6) Coal Mine	_____	_____	_____
(7) National Defense Projects Experience	_____	_____	_____
(8) Excess Policies	_____	_____	_____
(9) Total (5) + (6) + (7) + (8)	_____	_____	_____
(10) Total (4) + (9)	_____	_____	_____
(11) Page 15 of Annual Statement (line 16)	N / A	_____	_____
(12) Difference** (11) - (10)	N / A	_____	_____

Reason for differences:

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

** An explanation is not necessary if the difference is between (\$1,000) and \$1,000.

PENNSYLVANIA / DELAWARE CALL FOR EXPERIENCE #1

Policy Year Call for Compensation Experience #1 by State Valued as of 12/31/00

Signature Page

State of _____
(Pennsylvania or Delaware)

_____, _____ of the
(Name)* (Title)

_____ being duly sworn, deposes and
(Name of Insurer)

says that he/she is the above described officer of said insurer, and that the within pages, with the explanations therein contained, are correct exhibits of the premiums and losses of the said insurer on account of Workers' Compensation and Employers Liability policies for the year 2000 and for the period beginning January 1, 1980 and ending December 31, 2000, according to the best of his/her information, knowledge and belief.

(Signature)*

Subscribed and sworn to before me this

_____ day of _____, 2001

- Notary Public -

My commission expires _____.

*Note: In Pennsylvania, a representative of your company is required to sign a form, located in Call for Experience #5, attesting to the consistency and comparability of Calls for Experience #1, #8, and #9 and the Pennsylvania Schedule "W".