

**TRANSMITTAL LETTER
DELAWARE CALL #2 FOR CALENDAR YEAR EXPENSE DATA
VALUED AS OF DECEMBER 31, 2000**

1. DUE DATE: APRIL 16, 2001
2. CARRIER NAME: _____
3. FILING AS: GROUP INDIVIDUAL COMPANY

4. If filing as a group, list individual carrier names or NAIC carrier codes:

5. SUBMISSION TYPE: ORIGINAL CORRECTION

MAIL CALL AND TRANSMITTAL LETTER TO:

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

DCRB USE ONLY

Date Received

Receipt Mailed

**DELAWARE COMPENSATION RATING BUREAU, INC.
RECEIPT OF CALL NOTIFICATION
DELAWARE CALL #2 FOR CALENDAR YEAR EXPENSE DATA VALUED AS OF DECEMBER 31, 2000**

6. DUE DATE: APRIL 16, 2001
7. SUBMISSION TYPE: ORIGINAL CORRECTION
8. DATE RECEIVED AT D.C.R.B. _____ BY _____

9. MAIL RECEIPT TO (Indicate specific individual):

**DELAWARE COMPENSATION RATING BUREAU
CALL #2 FOR 2000 CALENDAR YEAR EXPENSE DATA
Sheet #1**

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

- (1) Direct Written Premiums..... (1) _____
- (2) Direct Net Earned Premiums..... (2) _____
- (3) Retrospective Rating and Premium Adjustments
 - A. Premium Discount Adjustments..... (3A) _____
 - B. Retrospective Rating Adjustments..... (3B) _____
 - C. Premium Deviation and Loss Cost Adjustments..... (3C) _____
 - D. Premium Schedule Rating Adjustments..... (3D) _____
 - E. Merit Rating Adjustments..... (3E) _____
 - F. Delaware Workplace Safety Program Adjustments..... (3F) _____
 - G. Total Adjustments [(A) + (B) + (C) + (D) + (E) + (F)]..... (3G) _____
- (4) Direct Standard Earned Premiums [(3G) + (2)]..... (4) _____
- (5) Premium Adjustments for Deductible Coverages
 - A. Premium Adjustment for Small Deductible Coverages - Standard Basis..... (5A) _____
 - B. Premium Adjustment for Small Deductible Coverages - Net Basis..... (5B) _____
 - C. Premium Adjustment for Large Deductible Coverages - Standard Basis..... (5C) _____
 - D. Premium Adjustment for Large Deductible Coverages - Net Basis..... (5D) _____

Delaware Compensation Rating Bureau
Call #2 for 2000 Calendar Year Expense Data
Sheet #2

		Alloc. Code	Paid	Incurred
(6)	Acquisition, Field Supervision Collection Expense			
	A. Commission and Brokerage..... (6A)		XXX	
	B. All Other (i) Branch Office-State Share..... (6Bi)		XXX	
	(ii) Home Office-State Share..... (6Bii)		XXX	

(7)	Direct Losses Net of Deductibles..... (7)	XXX		
(8)	Unallocated Loss Adjustment Expenses..... (8)		XXX	
(9)	Allocated Loss Adjustment Expenses..... (9)			
(10A)	Boards and Bureau Expense..... (10A)		XXX	
(10B)	Audit, Inspection and Other General Expenses..... (10B)		XXX	
(11)	Taxes, Licenses and Fees..... (11)		XXX	

(12)	Reimbursable Deductible Losses			
	A. Deductible Losses on Small Deductible Coverages. (12A)	XXX		
	B. Deductible Losses on Large Deductible Coverages.. (12B)	XXX		

(13)	Type of Insurer	
	(Please use Code)..... (13)	

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

**Delaware Compensation Rating Bureau
 2000 Call #2 Reconciliation Report
 Sheet #3 - Reconciliation**

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

This is to certify the reconciliation of 2000 Calendar Year Data reported to the Bureau on Call for Experience #2, and Call for Experience #1, and the data reported on Page 15 of the Annual Statement.

	<u>Standard Earned Premium</u>	<u>Net Direct Earned Premium</u>	<u>Incurred Losses</u>
I. Calendar Year Call #2			
Sheet 1, Line 4 (Standard Premium)	_____		
Sheet 1, Line 2 (Net Premium)		_____	
Sheet 2, Line 7 (Incurred Losses)			_____
II. Page 15, Annual Statement	N/A		
III. Difference (explain below)**			
(II) - (I)	N/A		
IV. Policy Year Call #1			
Page 6 (Reconciliation) Line 10	_____	_____	_____
VII. Difference (explain below)**			
(IV) - (I)	_____	_____	_____

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.