

TRANSMITTAL LETTER
"F" CLASSIFICATION POLICY YEAR CALL #3 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
"F" CLASSIFICATION POLICY YEAR CALL #3 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):
- _____
- _____
- _____

"F" Classification Policy Year Call For Compensation Experience #3 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.

"F" Classification Policy Year Call For Compensation Experience #3 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	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 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.

"F" Classification Policy Year Call For Compensation Experience #3

By State Valued As Of December 31, 2000

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.

PENNSYLVANIA COMPENSATION RATING BUREAU

"F" Classification Policy Year Call For Compensation Experience #3 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 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)	Incurred Bulk + IBNR (25)	(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.

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU

"F" Classification Policy Year Call for Compensation Experience #3 by State - As of December 31, 2000

Questionnaire

Carrier(s)* _____ _____	NAIC Carrier Code(s) _____ _____
Submitted By _____	Title _____
Signature _____	State Code (check one) PA(37) DE(07)
Telephone _____	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 "F" Classification 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. Are the figures on page 1, line Z columns (1), (3) and (7) the same as those shown on Call for Experience #1, page 6, line 5?
 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.

8. Does your company report "F" Class experience on a classification by classification basis?
 a) Yes - The data shown is exclusively "F" Classification data.
 b) No - We have reported the total experience on risks when the "F" Classification is a governing class.
 c) Other - Please explain. _____
 Is this a change from last year's Call? Yes No

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