

**TRANSMITTAL LETTER
GROSS LARGE DEDUCTIBLE CALL #9 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
GROSS LARGE DEDUCTIBLE CALL #9 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):

Gross (1st Dollar) Large Deductible Policy Year Call For Compensation Experience #9 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 (L) to (V)							
Y. Total to 12-31-99 Sum (M) 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.

Gross (1st Dollar) Large Deductible Policy Year Call For Compensation Experience #9 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 (L) to (V)							
Y. Total to 12-31-99 Sum (M) 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 (L) to (V)				
Y. Total to 12-31-99 Sum (M) 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

Gross (1st Dollar) Large Deductible Policy Year Call For Compensation Experience #9 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 (L) to (V)								
Y. Total to 12-31-99 Sum (M) 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.

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
 Gross (1st Dollar) Large Deductible Policy Year Call for Compensation Experience #9
 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 L through V? 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 #9 (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 L 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.

7. Does your company report Large Deductible experience on a per claim or accident basis?
 - a) Yes - The data shown is exclusively on a per claim or accident basis.
 - b) Yes - The data includes experience on a per claim or accident basis but also includes other deductible programs - Please describe the method(s) other than per claim or accident which your company uses for reporting Large Deductible experience. _____
 - c) No - Please describe the method(s) your company uses for reporting Large Deductible experience. _____

Have your procedures for reporting Large Deductible experience changed from last year's Call? Yes No

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