

**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**  
\_\_\_\_\_

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**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.

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

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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.

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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.

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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.