



Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor
One South Penn Square • Philadelphia, PA 19107-3577
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

January 30, 2006

BUREAU CIRCULAR NO. A-49

To All Members of the Bureau:

Re: **2005 PREMIUM CALL**

By instruction of the Governing Board, you are requested to furnish the information called for on the accompanying sheet not later than **March 15, 2006**. This call is for premium by individual company. Do not report on a group basis.

Please note carefully the definitions of "direct premiums written for Bureau assessment," as adopted by both the Pennsylvania and Delaware Governing Boards. Note particularly that all premiums on Pennsylvania coal mining operations and all premiums on excess coverage and national defense project coverages, including USL&HW, in both states are to be excluded.

The premium call form can be found on the Bureau website at www.pcrb.com. However, the form must be completed and returned to the Bureau in hard copy form.

Please include a copy of the Exhibit of Premiums and Losses (Statutory Page 14) from your December 31, 2005 Annual Statement with the completed premium call.

Also included this year is a page requesting that you identify all carriers, including your own (together with NAIC numbers), that are part of your group or insurance company holding system. This is to assist the Bureau in various endeavors requiring combination of individual carrier data into group reports.

John E. Panczner
Director - Finance

kg
C
Attachments

**DELAWARE COMPENSATION RATING BUREAU, INC.
PENNSYLVANIA COMPENSATION RATING BUREAU**

2005 WRITTEN PREMIUM CALL FOR YEAR ENDING DECEMBER 31, 2005

	Direct Written Workers Compensation Insurance Premium at Company Level (See Note a) (1)	Direct Written Premium for Coal Mining in Pennsylvania (See Note b) (2)	Direct Written Premium for Excess Policies (See Note c) (3)	Direct Written Premium for National Defense Projects Coverages (See Note d) (4)	Direct Written Premium for Bureau Assessment (1)-(2)-(3)-(4) (5)
DELAWARE	_____	XXXXXXXXXXXXXX	_____	_____	_____
PENNSYLVANIA	_____	_____	_____	_____	_____

Notes:

- a - Workers compensation insurance premiums shall be the amounts shown on Column 1 of the Exhibit of Premiums and Losses (Statutory Page 14) of the company's 2005 Annual Statement for the state(s) of Delaware and Pennsylvania, respectively
- b - Enter amount of premium written in 2005 for coal mining exposures in Pennsylvania
- c - Enter amount of premium written in 2005 for excess policies in Delaware and Pennsylvania, respectively
- d - Enter amount of premium written in 2005 for national defense projects, including USL&HW, in Delaware and Pennsylvania, respectively

Carrier _____ Date _____
 Address _____ Phone _____
 Submitted by _____ Signature _____

BE SURE TO ATTACH THE EXHIBIT OF PREMIUMS AND LOSSES (STATUTORY PAGE 14) OF YOUR 2005 ANNUAL STATEMENT TO THIS CALL.

RETURN TO JOHN E. PANCZNER, DIRECTOR – FINANCE, NO LATER THAN MARCH 15, 2006.

