

**TRANSMITTAL LETTER
PENNSYLVANIA CALL #14 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:

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

PCRB USE ONLY

Date Received

Receipt Mailed

**PENNSYLVANIA COMPENSATION RATING BUREAU
RECEIPT OF CALL NOTIFICATION
PENNSYLVANIA CALL #14 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 P.C.R.B. _____ BY _____
9. MAIL RECEIPT TO (Indicate specific individual):

(Please Type)

**PENNSYLVANIA COMPENSATION RATING BUREAU
CALL #14 - 2000 CALENDAR YEAR EXPENSE DATA
Sheet #1**

Carrier(s)*: _____ _____ _____	NAIC Carrier Code(s): _____ _____ _____
Submitted by: _____	Title: _____
Signature: _____	State Code: <u>PA (37)</u>
Telephone: _____	Date Submitted: _____

(1) Loss Adjustment Expenses

(a) Allocated Loss Adjustment Expenses -- PAID	(1a)	_____
(b) Allocated Loss Adjustment Expenses -- INCURRED	(1b)	_____
(c) Unallocated Loss Adjustment Expenses -- PAID	(1c)	_____
(d) Unallocated Loss Adjustment Expenses -- INCURRED	(1d)	_____

(2) Acquisition

(a) Commission and Brokerage -- INCURRED	(2a)	_____
(b) Other Acquisition -- INCURRED	(2b)	_____

(3) General Expenses -- INCURRED

(3) _____

(4) Taxes, Licenses and Fees -- INCURRED

(4) _____

**Pennsylvania Compensation Rating Bureau
 2000 Call #14 Reconciliation Report
 Sheet #2 - Reconciliation**

Carrier(s)*:	_____	NAIC Carrier Code(s):	_____
	_____		_____
	_____		_____
Submitted by:	_____	Title:	_____
Signature:	_____	State Code:	_____ PA (37) _____
Telephone:	_____	Date Submitted:	_____

This is to certify the reconciliation of 2000 Calendar Year Data reported to the Bureau on Call for Experience #14, and the data reported on Page 15 of the Annual Statement.

	Direct ALAE Paid	Direct ALAE Incurred	Commission & Brokerage Expenses	Taxes, Licenses & Fees
	_____	_____	_____	_____
I. Calendar Year Call #14				
Sheet 1, Line (1a)	_____			
Sheet 1, Line (1b)		_____		
Sheet 1, Line (2a)			_____	
Sheet 1, Line (4)				_____
II. Page 15, Annual Statement	_____	_____	_____	_____
III. Difference (explain below)**				
(2) - (1)	_____	_____	_____	_____

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.