





PENNSYLVANIA COMPENSATION RATING BUREAU

Call #5 - 2000 Calendar Year Reconciliation Report

<b>CARRIER(S)*</b>	_____	<b>NAIC</b>	_____
	_____	<b>CARRIER CODE(S)</b>	_____
	_____		_____
<b>SUBMITTED BY</b>	_____	<b>TITLE</b>	_____
<b>SIGNATURE</b>	_____	<b>STATE CODE</b>	PA(37)
<b>TELEPHONE</b>	_____	<b>DATE SUBMITTED</b>	_____

	<u>Standard Earned Premium</u>	<u>Net Direct Earned Premium</u>	<u>Incurred Losses</u>
1. Schedule "W" Part A-1 Line 7 (Standard Earned Premium) Line 5 (Net Premium) Line 9C, Column 4 (Losses)	_____	_____	_____
2. Call #1 - Page 6 (Reconciliation) line (4)	_____	_____	_____
3. Difference (1) - (2) Reason for differences:	_____	_____	_____
4. Schedule "W" Part A-5 Line 7 (Standard Earned Premium) Line 5 (Net Premium) Line 9C, Column 4 (Losses)	_____	_____	_____
5. Call #1 - Page 6 (Reconciliation) line (10)	_____	_____	_____
6. Difference (4) - (5) Reason for differences:	_____	_____	_____
7. Schedule "W" Part A-1 Line 8B, (Large Ded. Premium Adj. - Std. Basis) Line 9F Col (4) + Line 9G Col (4) (Losses)	_____	X	_____
8. Call #9, Line Z Col. 1, (Standard Earned Premium) Col. 7, (Losses)	_____	X	_____
9. Call #8, Line Z Col. 1, (Standard Earned Premium) Col. 7, (Losses)	_____	X	_____
10. <b>Line (8) - Line (9) = Deductible Adjustment</b>	_____	X	_____
11. Difference (7) - (10) Reason for differences:	_____	X	_____

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

PENNSYLVANIA COMPENSATION RATING BUREAU

2000 Request for Schedule "W"

<b>CARRIER(S)*</b>	_____	<b>NAIC CARRIER CODE(S)</b>	_____
	_____		_____
	_____		_____
<b>SUBMITTED BY</b>	_____	<b>TITLE</b>	_____
<b>SIGNATURE</b>	_____	<b>STATE CODE</b>	<b>PA(37)</b>
<b>TELEPHONE</b>	_____	<b>DATE SUBMITTED</b>	_____

A copy of the 2000 Schedule "W" filed with the Pennsylvania Insurance Department, both on diskette and hard copy is to be included in this Call.

Is a hard copy of Schedule "W" attached?  Yes  No

If no, explain:

Is the Schedule "W" diskette included?  Yes  No

If no, explain:

**NOTE: A Schedule "W" transmittal letter as provided by the PCRb must accompany the submission of Schedule "W".**

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

**PENNSYLVANIA COMPENSATION RATING BUREAU**

**Comparison of Schedule "W" and Calls #1, #8 and #9**

<b>CARRIER(S)*</b>	_____	<b>NAIC</b>	<b>CARRIER CODE(S)</b>	_____
	_____			_____
	_____			_____
<b>SUBMITTED BY</b>	_____	<b>TITLE</b>		_____
<b>SIGNATURE</b>	_____	<b>STATE CODE</b>	<b>PA(37)</b>	
<b>TELEPHONE</b>	_____	<b>DATE SUBMITTED</b>		_____

Note that the next four pages of this call (pages 4 through 7) ask that you pull data from the Schedule "W" and Calls #1, #8, and #9. Also, there is a section where differences between the above-mentioned documents should be recorded. If numbers appear on any of the difference section(s) of pages 4 through 7; please list the reasons for these differences below.

Explanation of differences on pages 4 through 7 : \_\_\_\_\_

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

**Pennsylvania Compensation Rating Bureau  
Call #5 - Comparison of Schedule "W" and Policy Year Call #1 @ 12/31/00**

Carrier(s) * _____	NAIC Carrier Code _____	Date Submitted _____	State Code PA (37)
_____	_____	Submitted By _____	Title _____
_____	_____	Signature _____	Phone _____

2000 Pennsylvania Schedule "W"	Policy Year												
	Schedule "W" Part	Schedule "W" Line	1979 & Prior Column 3	1980 Column 4	1981 Column 5	1982 Column 6	1983 Column 7	1984 Column 8	1985 Column 9	1986 Column 10	1987 Column 11	1988 Column 12	1989 Column 13
Indemnity Paid	B-1	2											
Indemnity Case Excl. Bulk	B-1	4											
Indemnity IBNR and All Bulk	B-1	6											
Indemnity No. of Claims	B-1	10											
Claims Closed with Payment	B-1	12											
Net Premiums Earned	B-1	16											
Standard Earned Premium	B-1	18											
Medical Paid	C-1	2											
Medical Case Excl. Bulk	C-1	4											
Medical IBNR and All Bulk	C-1	6											

2000 Policy Year Call - #1	Column	Prior to 1980 Line A	1980 Line B	1981 Line C	1982 Line D	1983 Line E	1984 Line F	1985 Line G	1986 Line H	1987 Line I	1988 Line J	1989 Line K
Indemnity Paid	9											
Indemnity Case Excl. Bulk	11-16**											
Indemnity IBNR and All Bulk	13+16**											
Indemnity No. of Claims	8											
Indemnity Claims Closed with Payment	19											
Net Premiums Earned	3											
Standard Earned Premium	1											
Medical Paid	10											
Medical Case Excl. Bulk	12-18**											
Medical IBNR and All Bulk	14+18**											

*** Difference - Schedule "W" Less Call #1	1979 & Prior	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
Indemnity Paid											
Indemnity Case Excl. Bulk											
Indemnity IBNR and All Bulk											
Indemnity No. of Claims											
Indemnity Claims Closed with Payment											
Net Premiums Earned											
Standard Earned Premium											
Medical Paid											
Medical Case Excl. Bulk											
Medical IBNR and All Bulk											

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

\*\* If page 3 of the call was not completed, assume columns 16 and 18 equal zero.

\*\*\* Please explain differences on page 3 of this call.

**Pennsylvania Compensation Rating Bureau**  
**Call #5 - Comparison of Schedule "W" and Policy Year Call #1 @ 12/31/00**

Carrier(s) * _____	NAIC Carrier Code _____	Date Submitted _____	State Code PA (37)
_____	_____	Submitted By _____	Title _____
_____	_____	Signature _____	Phone _____

2000 Pennsylvania Schedule "W"	Policy Year												
	Schedule "W" Part	Schedule "W" Line	1990 Column 14	1991 Column 15	1992 Column 16	1993 Column 17	1994 Column 18	1995 Column 19	1996 Column 20	1997 Column 21	1998 Column 22	1999 Column 23	2000 Column 24
Indemnity Paid	B-1	2											
Indemnity Case Excl. Bulk	B-1	4											
Indemnity IBNR and All Bulk	B-1	6											
Indemnity No. of Claims	B-1	10											
Claims Closed with Payment	B-1	12											
Net Premiums Earned	B-1	16											
Standard Earned Premium*	B-1	18****											
Medical Paid	C-1	2											
Medical Case Excl. Bulk	C-1	4											
Medical IBNR and All Bulk	C-1	6											

2000 Policy Year Call - #1	Column	1990 Line L	1991 Line M	1992 Line N	1993 Line O	1994 Line P	1995 Line Q	1996 Line R	1997 Line S	1998 Line T	1999 Line U	2000 Line V
Indemnity Paid	9											
Indemnity Case Excl. Bulk	11-16**											
Indemnity IBNR and All Bulk	13+16**											
Indemnity No. of Claims	8											
Indemnity Claims Closed with Payment	19											
Net Premiums Earned	3											
Standard Earned Premium	1											
Medical Paid	10											
Medical Case Excl. Bulk	12-18**											
Medical IBNR and All Bulk	14+18**											

*** Difference - Schedule "W" Less Call #1	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Indemnity Paid											
Indemnity Case Excl. Bulk											
Indemnity IBNR and All Bulk											
Indemnity No. of Claims											
Indemnity Claims Closed with Payment											
Net Premiums Earned											
Standard Earned Premium											
Medical Paid											
Medical Case Excl. Bulk											
Medical IBNR and All Bulk											

\*If this is a group report, please list individually all carriers for which any experience is reported.  
 \*\* If page 3 of the call was not completed, assume columns 16 and 18 equal zero.  
 \*\*\* Please explain differences on page 3 of this call.

\*\*\*\* For Policy Year 1996 only, an imbalance between 2000 Schedule "W" Standard Earned Premium and PA Call #1 Standard Earned Premium may occur because of differences in premium definitions.  
 The 1996 Schedule "W" merit rating adjustment (Part A-1, Line 6f) is

Pennsylvania Compensation Rating Bureau

Call #5 - Comparison of Schedule "W" and Call #8 For Large Deductible Policies On an As Written (Net) Basis @ 12/31/00

NAIC Carrier Code

Carrier(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Submitted \_\_\_\_\_ State Code PA (37)  
Submitted By \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_

2000 Pennsylvania Schedule "W"

Description	Schedule "W"	Schedule "W"	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
	Part	Line	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13
Indemnity Paid	D-1	2											
Indemnity Case Excl. Bulk	D-1	4											
Indemnity IBNR and All Bulk	D-1	6											
Indemnity No. of Claims	D-1	10											
Claims Closed with Payment	D-1	12											
Net Premiums Earned	D-1	16											
Standard Earned Premiums	D-1	18											
Medical Paid	D-2	2											
Medical Case Excl. Bulk	D-2	4											
Medical IBNR and All Bulk	D-2	6											

2000 Call - #8

Description	Column	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
		Line L	Line M	Line N	Line O	Line P	Line Q	Line R	Line S	Line T	Line U	Line V
Indemnity Paid	9											
Indemnity Case Excl. Bulk	11-16*											
Indemnity IBNR and All Bulk	13+16*											
Indemnity No. of Claims	8											
Indemnity Claims Closed with Payment	19											
Net Premiums Earned	3											
Standard Earned Premium	1											
Medical Paid	10											
Medical Case Excl. Bulk	12-18*											
Medical IBNR and All Bulk	14+18*											

\*\* Difference - Schedule "W" Less Call #8

Description	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
	Indemnity Paid										
Indemnity Case Excl. Bulk											
Indemnity IBNR and All Bulk											
Indemnity No. of Claims											
Indemnity Claims Closed with Payment											
Net Premiums Earned											
Standard Earned Premium											
Medical Paid											
Medical Case Excl. Bulk											
Medical IBNR and All Bulk											

\* If page 3 of the call was not completed, assume columns 16 and 18 equal zero.

\*\* Please explain differences on page 3 of this call.

Pennsylvania Compensation Rating Bureau

Call #5 - Comparison of Schedule "W" and Call #9 For Large Deductible Policies On a First Dollar (Gross) Basis @ 12/31/00

NAIC Carrier Code

Carrier(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Submitted \_\_\_\_\_  
 Submitted By \_\_\_\_\_  
 Signature \_\_\_\_\_

State Code PA (37)  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_

2000 Pennsylvania Schedule "W"

	Schedule "W" Part	Schedule "W" Line	1990 Column 3	1991 Column 4	1992 Column 5	1993 Column 6	1994 Column 7	1995 Column 8	1996 Column 9	1997 Column 10	1998 Column 11	1999 Column 12	2000 Column 13
Indemnity Paid	E-1	2											
Indemnity Case Excl. Bulk	E-1	4											
Indemnity IBNR and All Bulk	E-1	6											
Indemnity No. of Claims	E-1	10											
Claims Closed with Payment	E-1	12											
Net Premiums Earned	E-1	16											
Standard Premiums Earned	E-1	18											
Medical Paid	E-2	2											
Medical Case Excl. Bulk	E-2	4											
Medical IBNR and All Bulk	E-2	6											

2000 Call - #9

Description	Column	1990 Line L	1991 Line M	1992 Line N	1993 Line O	1994 Line P	1995 Line Q	1996 Line R	1997 Line S	1998 Line T	1999 Line U	2000 Line V
Indemnity Paid	9											
Indemnity Case Excl. Bulk	11-16*											
Indemnity IBNR and All Bulk	13+16*											
Indemnity No. of Claims	8											
Indemnity Claims Closed with Payment	19											
Net Premiums Earned	3											
Standard Earned Premium	1											
Medical Paid	10											
Medical Case Excl. Bulk	12-18*											
Medical IBNR and All Bulk	14+18*											

\*\* Difference - Schedule "W" Less Call #9

Description	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Indemnity Paid											
Indemnity Case Excl. Bulk											
Indemnity IBNR and All Bulk											
Indemnity No. of Claims											
Indemnity Claims Closed with Payment											
Net Premiums Earned											
Standard Earned Premium											
Medical Paid											
Medical Case Excl. Bulk											
Medical IBNR and All Bulk											

\* If page 3 of the call was not completed, assume columns 16 and 18 equal zero.

\*\* Please explain differences on page 3 of this call.

**PENNSYLVANIA COMPENSATION RATING BUREAU**

**Statement of Consistency and Comparability Form**

<b>CARRIER(S)*</b>	_____	<b>NAIC</b>	<b>CARRIER CODE(S)</b>	_____
	_____			_____
	_____			_____
		<b>STATE CODE</b>	<b>PA(37)</b>	
<b>TELEPHONE</b>	_____	<b>DATE SUBMITTED</b>	_____	

I attest to having thoroughly reviewed the data reported on the Calls for Experience #1, #8 and #9, Schedule "W" and Page 15 of the 2000 Annual Statement for Pennsylvania.

I certify that the data used to complete the above mentioned documents for 2000 is consistent and comparable for each of the coverages common to each form at both the Calendar Year and Policy Year levels of detail. I further certify that differences attributed to inclusion or exclusion of certain lines from each form accurately reflect the carrier's (s') business for the period(s) being reported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

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