

**WEST VIRGINIA
SECRETARY OF STATE
JOE MANCHIN, III
ADMINISTRATIVE LAW DIVISION**

Form #2

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JUN 30 A 11:06

WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: Insurance Commissioner TITLE NUMBER: 114

RULE TYPE: Procedural CITE AUTHORITY: WV Code §33-2-10

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 67

TITLE OF RULE BEING AMENDED: Rate and Form Filing Abstracts

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON July 30, 2004 AT 4:30 PM ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

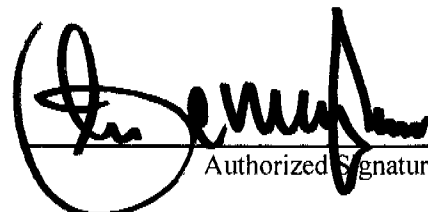
Gara A. Hoke, Associate Counsel

West Virginia Insurance Commission

P.O. Box 50540

Charleston, WV 25305-0540

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.


Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

\$12.00



STATE OF WEST VIRGINIA

Offices of the Insurance Commissioner

Legal Division

BOB WISE
Governor

June 30, 2004

JANE L. CLINE
Insurance Commissioner

HAND DELIVERED

Ms. Judy Cooper, Director
Administrative Law Division
Office of Secretary of State
State Capitol
Charleston, West Virginia 25305

- RE: SERIES 3 - CANCELLATION AND NONRENEWAL OF AUTOMOBILE
LIABILITY POLICIES
SERIES 15 - EXAMINERS AND EXAMINATIONS
SERIES 20 - SURPLUS LINES INSURANCE
SERIES 42 - CONTINUING EDUCATION FOR INDIVIDUAL INSURANCE
PRODUCERS
SERIES 67 - RATE AND FORM FILING ABSTRACTS (PROCEDURAL RULE)
SERIES 68 - VALUATION OF LIFE INSURANCE POLICES
SERIES 69 - RECOGNITION OF THE 2001 CSO MORTALITY TABLE FOR
USE IN DETERMINING MINIMUM RESERVE LIABILITIES
AND NONFORFEITURE BENEFITS
SERIES 70 - REBATES AND REFERRALS (INTERPRETIVE RULE)
SERIES 71 - INSURANCE FRAUD PREVENTION
SERIES 72 - PERSONAL PRIVATE PASSENGER AUTOMOBILE LIABILITY
INSURANCE AND PROPERTY INSURANCE WITHDRAWAL PLAN
PROCEDURES (PROCEDURAL RULE)

Dear Judy:

Please find herewith one (1) copy of the following for each of
the above subject rules:

- 1) Notice Of A Comment Period On A Proposed Rule and
consent of Tax and Revenue Cabinet Secretary;
- 2) Brief Summary of the Rule;
- 3) Statement of Circumstances;
- 4) Fiscal Note; and
- 5) The proposed rule.

Please contact our office if you have any questions regarding
the above or if further information is required.

Sincerely,


Jane L. Cline
Insurance Commissioner

JLC/jz
Enclosures

Insurance Commissioner
Procedural Rule
Title 114, Series 67

RATE AND FORM FILING ABSTRACTS

TITLE 114, SERIES 67

BRIEF SUMMARY OF RULE

This procedural rule is amended to incorporate additional changes to accident and sickness and property and casualty rate and form filing abstracts, that were initially enacted last year. In addition, the rule is amended to alleviate confusion that may have arisen regarding the differences between accident and sickness rate and form filings, as opposed to property and casualty rate and form filings.

Insurance Commissioner
Procedural Rule
Title 114, Series 67

RATE AND FORM FILING ABSTRACTS

TITLE 114, SERIES 67

STATEMENT OF CIRCUMSTANCES

Due to additional changes that were merited in the rate and form filing abstracts to ensure accuracy and consistency, the Office of the Insurance Commissioner determined that it was necessary for the rate and form filing abstracts to be amended. These changes will allow for insurers to differentiate between the requirements for the accident and sickness filings as opposed to the property and casualty filings.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Rate and Form Filing Abstracts
Title 114, Series 67

Type of Rule: ___ Legislative ___ Interpretive X Procedural

Agency: Insurance Commissioner

Address: Post Office Box 50540
1124 Smith Street, Greenbrooke Building
Charleston, West Virginia 25305-0540

1. Effect of Proposed Rule

	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
ESTIMATED TOTAL COST	None	None	None	None	None
PERSONAL SERVICES	None	None	None	None	None
CURRENT EXPENSE	None	None	None	None	None
REPAIRS AND ALTERNATIONS	None	None	None	None	None
EQUIPMENT	None	None	None	None	None
OTHER	None	None	None	None	None

2. Explanation of above estimates:

The rule will have no additional fiscal impact upon state government.

3. Objectives of these rules:

This procedural rule is amended to incorporate additional changes to accident and sickness and property and casualty rate and form filing abstracts, that were initially enacted last year. These amendments will alleviate confusion regarding the differences between requirements for accident and sickness filings as opposed to property and casualty filings.

Rule Title: Rate and Form Filing Abstracts
Title 114, Series 67

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.

None

C. Economic Impact on Citizens/Public at Large.

None

Date: June 30, 2004

Signature of Agency Head or Authorized Representative



JANE I. CLINE, INSURANCE COMMISSIONER

TITLE 114

**WEST VIRGINIA PROCEDURAL RULE
INSURANCE COMMISSIONER**

**SERIES 67
RATE AND FORM FILING ABSTRACTS**

Section

114-67-1. General.

114-67-2. ~~Definitions:~~ Filing Requirements.

114-67-3. ~~Rate Filing Requirements:~~ Applicability of Forms.

~~114-67-4. Applicability of Forms:~~

Appendix A. Accident and Sickness Insurance Form Filing Abstract - ASA-F-~~2003~~ 2004

Appendix B. Mass Marketed Life and Health Insurance Form Filing Abstract - ASA-F-~~2003A~~
2004A

Appendix C. Mass Marketed Life and Health Insurance Advertising Filing Abstract - ASA-F-
~~2003B~~ 2004B

Appendix D. Accident and Sickness Insurance Rate Filing Abstract - ASA-R-~~2003~~ 2004

Appendix E. Adoption of Rating Organization Advisory Prospective Loss Costs ~~Reference~~
Filing Form Rate Filing Abstract - PCA-LCR-~~2003~~ 2004

Appendix F. Property and Casualty Insurance Rate Filing Abstract - PCA-R-~~2003~~ 2004

Appendix G. Property and Casualty Insurance Form Filing Abstract - PCA-F-~~2003~~ 2004

TITLE 114

FILED

WEST VIRGINIA PROCEDURAL RULE
INSURANCE COMMISSIONER

2001 JUN 30 A 11: 06

SERIES 67
RATE AND FORM FILING ABSTRACTS

OFFICE WEST VIRGINIA
SECRETARY OF STATE

§114-67-1. General.

1.1. Scope. -- This procedural rule establishes requirements for information and data to be provided to the Insurance Commissioner with the filing of advertisements, rates, rate adjustments and forms for accident and sickness insurance policies and property and casualty insurance policies all types of insurance which are subject to prior approval. The purpose of this rule is to provide the Insurance Commissioner with the information necessary to ensure that rates for property and casualty insurance are reasonable in relation to the benefits provided under the policy as required by W. Va. Code §33-6-9(e). This rule applies to all individual accident and sickness insurance policy forms, all group accident and sickness insurance policy forms, and applicable property and casualty policy forms which are delivered or issued for delivery in this State which are not negotiated for with the policyholder and experience rated.

1.2. Authority. -- W. Va. Code §33-2-10.

1.3. Filing Date. -- July 29, 2003.

1.4. Effective Date. -- August 28, 2003.

§114-67-2. Definitions: Filing Requirements.

2.1. A "policy" or "policy form" includes the contract effecting insurance, or the certificate thereof, and includes any riders, endorsements or amendments attached to the base contract. Each filing shall include two copies of the cover letter explaining the nature and intent of the filing, the appropriate filing fee, the appropriate filing abstract(s), all relevant information supporting the filing, and a return envelope sufficient to accommodate the return copy of the cover letter or filing.

2.2. An "experience rated group," for purposes of this rule, means a group eligible for group accident and sickness insurance pursuant to W. Va. Code §33-16-2 and whose premium rates are based on the historic and/or projected loss experience of the individual group standing alone.

2.3. A "community rated group" is a group eligible for group accident and sickness insurance pursuant to W. Va. Code §33-16-2 and whose premium rates are based on the historic and/or projected loss experience of a pool of group policies.

**Insurance Commissioner
Procedural Rule
Title 114, Series 67**

§114-67-3. Rate Filing Requirements: Applicability of Forms.

3.1. ~~Every policy, rider or endorsement form which is submitted to the Commissioner for approval shall be accompanied by a rate filing if such policy, rider, or endorsement form in any way involves a new product which has not been previously approved or in any way effects a rate change. A reduction in benefits while maintaining the same rate shall be considered a rate change. Any subsequent additions to rate schedules or changes in rates applicable to such forms shall also be filed for approval. When advertising, rates or forms are filed with the Office of the Insurance Commissioner for either accident and sickness, or property and casualty insurance, Appendix A, B, C, D, E, F, or G, as appropriate, must be completed and made a part of the filing.~~

a. Appendix A: Accident and Sickness Insurance Form Filing Abstract, ASA-F-2004, is to be used with any accident and sickness form filing except mass marketed life and health advertising and form filing.

b. Appendix B: Mass Marketed Life and Health Insurance Form Filing Abstract, ASA-F-2004A, is to be used with any mass marketed life and health form filing.

c. Appendix C: Mass Marketed Life and Health Insurance Advertising Filing Abstract, ASA-F-2004B, is to be used with any mass marketed life and health advertising filing.

d. Appendix D: Accident and Sickness Insurance Rate Filing Abstract, ASA-R-2004, is to be used with any accident and sickness rate filing.

e. Appendix E: Adoption of Rating Organization Advisory Prospective Loss Costs Rate Filing Abstract, PCA-LCR-2004, is to be used with any property and casualty rate filing that proposes adoption, with or without modification, of a rating organization's advisory prospective loss costs.

f. Appendix F: Property and Casualty Insurance Rate Filing Abstract, PCA-R-2004, is to be used with any property and casualty rate filing, except the adoption of a rating organization advisory prospective loss costs, which requires a separate abstract.

g. Appendix G: Property and Casualty Insurance Form Filing Abstract, PCA-F-2004, is to be used with any property and casualty form filing.

3.2. ~~Each rate filing shall include the appropriate filing fee, filing abstract(s), a cover letter explaining the nature of the filing, and all relevant information describing the basis on which the rates were determined and the calculations of the anticipated loss ratio. Interest, at a~~

**Insurance Commissioner
Procedural Rule
Title 114, Series 67**

~~rate consistent with that assumed in the determination of premiums, shall be used in the calculation of the loss ratio.~~

~~§114-67-4. Applicability of Forms:~~

~~4.1. When rates or forms are filed with the Insurance Commissioner for either accident and sickness or property and casualty insurance, Appendix A, B, C, D, E, F, or G to this rule, as appropriate, must be completed and made a part of the filing.~~

APPENDIX A

**~~INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA~~**

**~~ACCIDENT AND SICKNESS INSURANCE
FORM FILING ABSTRACT~~**

INSTRUCTIONS: All questions *must* be answered; if the answer is "no" or "not applicable", so state and please enter the reason for such determination. If this filing is a combination form and rate filing, the Rate Filing Abstract Form ASA-R-2003 must also be completed.

1. ~~Date Filed:~~ _____ ~~Proposed Effective Date:~~ _____

2. ~~Company Name:~~ _____

3. ~~Policy / Contract Type(s) Affected:~~ _____

4. ~~Reason(s) for Proposed Form Changes / Filing:~~ _____

5. ~~Provide on Page 2 of this Form ASA-F-2003 the requested information for each form being filed, revised or withdrawn. Attach additional sheets if necessary.~~

CERTIFICATION: I hereby certify that the information contained in this Form Filing Abstract is true and correct to best of my knowledge and belief.

(Signed) _____

(Title) _____

APPENDIX A

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**ACCIDENT AND SICKNESS INSURANCE
FORM FILING ABSTRACT**

INSTRUCTIONS: Respond to each statement. If the answer is “no” or “not applicable,” so state and enter the reason for such determination. If this filing is a combination form and rate filing, then Appendix D/Accident and Sickness Insurance Rate Filing Abstract ASA-R-2004 must also be completed.

1. Date filed: _____ Proposed effective date: _____

2. Company name: _____

3. Type of form (Life or Health): _____

4. Reason for the filing or for changes: _____

5. Complete page 2 of this Abstract and provide the information requested.

~~A & S Form Filing Abstract~~

FORM NUMBER	REPLACES FORM # (If Applicable)	Description of Coverage and/or Intended Use of the Form—Indicate if Form is New, a Replacement of a Current Form, or to be Withdrawn.

APPENDIX A

**ACCIDENT AND SICKNESS INSURANCE
FORM FILING ABSTRACT**

FORM NUMBER	REPLACES FORM # (If Applicable)	Description of Coverage and/or Intended Use of the Form—Indicate if Form is New, a Replacement,* or to be Withdrawn.

*Note: If the form replaces or changes a form approved previously, please explain the primary differences between the replacement form and the form it replaces in the cover letter.

APPENDIX B

**MASS MARKETED LIFE AND HEALTH INSURANCE
FORM FILING ABSTRACT**

~~The following are data and information requests concerning the policy forms and Policy contract provisions.~~

- ~~(1) Date Filed _____~~
- ~~(2) Proposed effective date _____~~
- ~~(3) Policy types affected (i.e.: health or life) Provide a brief statement itemizing coverage.~~
- ~~(4) Provide a copy of the entire policy and contract provisions.~~
- ~~(5) All forms and policy disclosures should be itemized in accordance with the index of forms you provide on page 2 of this abstract.~~
- ~~(6) All policies and related forms being submitted for approval shall be submitted in duplicate. One copy will be retained by the Department, the other copy will be returned to the insurer with the action taken by this Department. All forms should be duly numbered. A postage-paid envelope must be submitted with all filings.~~
- ~~(7) If the form is new, not replacing an existing form, a statement to that effect should be made.~~
- ~~(8) If the form contains provisions, conditions, or concepts, which depart from those generally accepted by the industry, a statement to this effect should point out the purpose and use of the form.~~
- ~~(9) Submission letters should state whether or not the form has been approved or authorized for use by the Insurance Department of the insurer's state of domicile.~~
- ~~(10) Every policy form and every rider or endorsement to be used which affects the premium rate scheduled for a policy form, submitted for approval shall be accompanied by a rate filing.~~

APPENDIX B

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**MASS MARKETED LIFE AND HEALTH INSURANCE
FORM FILING ABSTRACT**

INSTRUCTIONS: Respond to each question or statement. Please enclose: (1) One copy of the entire policy and contract provisions; (2) Two Cover Letters; (3) One self-addressed stamped envelope or pre-paid return label (One approved copy of the Cover Letter or other letter of determination will be returned to you). Every policy form, rider or endorsement submitted which affects the premium rate scheduled for the policy form shall be accompanied by a rate filing.

1. Date filed: _____ Proposed effective date: _____

2. State the policy types affected (Life or Health): _____

3. Does this form contain provisions, conditions, or concepts which depart from those generally accepted by the industry?

 _____ YES or _____ NO

4. Has this form been approved or authorized for use by the Insurance Department of the Insurer's State of Domicile? If yes, give date.

 _____ YES _____(date) or _____ NO

5. Complete page 2 of this Abstract and provide the information requested.

**MASS MARKETED LIFE AND/OR HEALTH INSURANCE
FORM ABSTRACT**

FORM NUMBER	REPLACES FORM # (if applicable)	Description of Coverage and / or Intended Use of the Form. Indicate if the Form is New, a Replacement of a Current Form, or to be Withdrawn.

APPENDIX B

**MASS MARKETED LIFE AND HEALTH INSURANCE
FORM FILING ABSTRACT**

FORM NUMBER	MATERIALS REPLACED	Description of coverage and/or Intended Use of the Forms Indicate if form is new, a replacement,* or to be withdrawn.

*Note: If the form replaces or changes a form approved previously, please explain the primary differences between the replacement form and the form it replaces in the cover letter.

~~APPENDIX C~~

~~WEST VIRGINIA
MASS MARKETED LIFE AND HEALTH INSURANCE
ADVERTISING FILING ABSTRACT~~

~~The following are the points of disclosure that apply to the advertising activities associated with mass marketed life and health insurance. Please provide the following information.~~

- ~~1) Television advertisements must be submitted in the Form of a 3/4 inch VHS videocassette tape and be accompanied by a written script.~~
- ~~2) Radio advertisements must be submitted in the form of an audio cassette tape and be accompanied by a written script.~~
- ~~3) Printed advertising and sales solicitation material to be sent through the mail must be submitted in the printed form in which it will be mailed.~~
- ~~4) All other printed advertising and sales solicitation material, including but not limited to material appearing in newspapers and other periodicals, must be submitted in written form and be accompanied by an explanation of its intended use.~~

**MASS MARKETED LIFE AND/OR HEALTH INSURANCE
ADVERTISING ABSTRACT**

FORM NUMBER	MATERIALS REPLACED	Description of Submission and / or Intended Use

APPENDIX C

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**MASS MARKETED LIFE AND HEALTH INSURANCE
ADVERTISING FILING ABSTRACT**

INSTRUCTIONS: Please indicate on the space provided the type of advertising material associated with your mass marketed life and health insurance advertising submission.

- _____ 1. **Television advertisements** submitted in the form of a $\frac{3}{4}$ inch VHS videocassette tape and accompanied by a written script.
- _____ 2. **Radio advertisements** submitted in the form of an audio cassette tape and accompanied by a written script.
- _____ 3. **Printed advertising and sales solicitation material** to be sent through the mail, submitted in the printed form in which it will be mailed.
- _____ 4. **All other printed advertising and sales solicitation material**, including but not limited to material appearing in newspapers and other periodicals, submitted in written form and accompanied by an explanation of its intended use.

APPENDIX D

INSURANCE COMMISSIONER

STATE OF WEST VIRGINIA

**ACCIDENT AND SICKNESS INSURANCE
RATE FILING ABSTRACT**

INSTRUCTIONS: All questions must be answered; if the answer is "no" or "not applicable", so state and enter the reason for such determination. USE A SEPARATE ABSTRACT FOR EACH POLICY FORM AFFECTED, OR FOR EACH PROPOSED PREMIUM RATE ADJUSTMENT. If this filing is a combination rate and form filing, the Form Filing Abstract Form ASA-F-2003 must also be completed. Is there a form filing which corresponds to this rate filing? Yes _____ No _____

I. General

1. Date Filed _____ Proposed Effective Date _____

2. Company Name: _____ Part of Group: _____

3. Policy/Contract Affected:

a. Department ID Number: _____
(If form has previously been approved.)

b. Form Number: _____

c. Date of Approval: _____
(If over 2 years provide copies of all forms affected.)

d. Type of Policy: _____

4. Average Current and Proposed Premium Rate Levels - Indicate mode for each (i.e. monthly, quarterly, annually)

Current Rate: _____ Single _____ Family

Proposed Rate: _____ Single _____ Family

II. Data for new policy form - (Use separate sheets for response if necessary.)

1. Indicate anticipated loss ratio and how calculated:

2. Describe how rates were determined indicating all calculations, formula and variables used and a general description and source of each assumption used.

3. Provide the policy form, applications and any riders or endorsements that may be attached to the base policy.

4. Describe the marketing method to be used for this form:

III. Adjustments to Approved Rates

1. Provide rate sheets which compare revised premiums with current premiums at all benefit levels:

2. Provide all policy forms affected by this proposed rate adjustment if the forms have been in effect in West Virginia for more than two years:

3. Number of West Virginia policies in force in each of the last five years:

	# of Policies	% Change
5th Prior Year	_____	_____
4th Prior Year	_____	_____
3rd Prior Year	_____	_____
2nd Prior Year	_____	_____
1st Prior Year	_____	_____

4. List all rate level changes for the last five years on the policy affected by this proposed premium rate adjustment:

a. West Virginia	Percentage Effective Date	Adjustment
5th Prior Year	_____	_____
4th Prior Year	_____	_____
3rd Prior Year	_____	_____
2nd Prior Year	_____	_____
1st Prior Year	_____	_____

b. Countrywide	Percentage Effective Date	Adjustment
----------------	------------------------------	------------

5th Prior Year _____
 4th Prior Year _____
 3rd Prior Year _____
 2nd Prior Year _____
 1st Prior Year _____

5. Provide the following information:

	WEST VIRGINIA		COUNTRYWIDE	
	Earned	Incurred	Earned	Incurred
	Premium	Losses	Premium	Losses
	(000)	(000)	(000)	(000)
5th Prior Year	_____	_____	_____	_____
4th Prior Year	_____	_____	_____	_____
3rd Prior Year	_____	_____	_____	_____
2nd Prior Year	_____	_____	_____	_____
1st Prior Year	_____	_____	_____	_____
Report Year	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

6. Provide a breakdown of losses associated with vintage policy years:

WEST VIRGINIA				
Written	Earned	Incurred	Trended	Developed
Policy Age	Premium	Premium	Losses	Incurred
Losses				
Over 4 years	_____	_____	_____	_____
3 Years	_____	_____	_____	_____
2 Years	_____	_____	_____	_____
1 Year	_____	_____	_____	_____

~~COUNTRYWIDE~~

Written Policy Age Losses	Earned Premium	Incurred Premium	Trended Losses	Developed Incurred
Over 4 years				
3 Years				
2 Years				
1 Year				

~~7. A. Provide a breakdown of the percentage of earned premium associated with each of the following areas of cost:~~

Commission and brokerage	_____	____%
Taxes, License, Fees	_____	____%
General Administrative	_____	____%
Risk Retention	_____	____%
Profit	_____	____%
Other (describe)	_____	____%
TOTAL EXPENSES	_____	____%

~~B. Indicate minimum loss ratio for this type of policy. _____~~

~~8. Address in narrative form the following requests for information:~~

- ~~(a) Explain trending methods used. Provide trended loss data (by significant loss category) and provide a clear explanation of the trending methodology and mathematics. Provide all formulas and calculations used in formulation of the trended data:~~
- ~~(b) Explain the manner in which credibility of data is considered in your ratemaking process. Show all formulas, applications and methodology used to formulate credibility measurements.~~
- ~~(c) Explain your indicated rate level. Provide all mathematical formulas and calculations which show the complete delimitation of the method used to calculate the indicated rate level.~~
- ~~(d) Explain the manner in which investment income is considered when a final rate level is selected. Provide a complete breakdown of the formulas;~~

~~variables and methodology used to calculate investment income yield. Further, the weighted average investment income yield earned on reserves for the five years prior to the proposed effective date of new rates.~~

- ~~9. Was any consideration given to mitigating the proposed rate adjustment through benefit restructuring? If not, why not? If so, describe benefit changes proposed and effect on rate adjustment.~~
- ~~10. What is the average age of the policyholder group affected by this filing?~~
- ~~11. Are losses reported on a calendar year or policy year basis?~~
- ~~12. Describe the stop loss provisions of the policy affected by this filing.~~
- ~~13. The amount of Annual Earned Premium entered in Question III 6 of this Rate Filing Abstract accounts for what proportion of the total annual written premium on a countrywide basis for this particular policy/contract? Please be specific in both total dollars and percentage proportions in West Virginia.~~
- ~~14. Has this proposed premium rate adjustment filing been submitted to any other state insurance departments? If "yes", give specific information as to which states, when filed, each state's proportionate share of the total annual written premium for this particular policy/contract, the status of said filing in each state, and any other pertinent information which may be helpful in our review. Please attach additional sheets if more space is needed.~~

~~**CERTIFICATION:** I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge.~~

~~(Signed) _____~~

~~(Title) _____~~

APPENDIX D

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**ACCIDENT AND SICKNESS INSURANCE
RATE FILING ABSTRACT**

INSTRUCTIONS: Respond to each statement. If the answer is "no" or "not applicable," so state and enter the reason for such determination. USE A SEPARATE ABSTRACT FOR EACH POLICY FORM AFFECTED OR FOR EACH PROPOSED PREMIUM RATE ADJUSTMENT. If this filing is a combination rate and form filing, then Appendix A/Accident and Sickness Insurance Form Filing Abstract ASA-F-2004 must also be completed.

I. GENERAL INFORMATION

1. Date filed: _____ Proposed effective date: _____

2. Company name(s): _____
Part of group: _____

3. Policy/Contract affected:
 - (a) Department ID Number: _____
(If form has previously been approved.)

 - (b) Form number: _____

 - (c) Date of approval: _____
(If over 2 years provide copies of all forms affected.)

 - (d) Type of policy: _____

4. Average, Current and Proposed Premium Rate Levels - Indicate mode for each (i.e. monthly, quarterly, annually)

Current rate: Single _____ Family _____

Proposed rate: Single _____ Family _____

II. DATA FOR NEW POLICY FORM - (USE SEPARATE SHEETS FOR RESPONSE IF NECESSARY)

1. Indicate anticipated loss ratio and how calculated.

2. Describe how rates were determined indicating all calculations, formula and variables used and a general description and source of each assumption used.

3. Provide the policy form, applications and any riders or endorsements that may be attached to the base policy.
4. Describe the marketing method to be used for this form.

III. ADJUSTMENTS TO APPROVED RATES

1. Provide rate sheets which compare revised premiums with current premiums at all benefit levels.
2. Provide all policy forms affected by this proposed rate adjustment if the forms have been in effect in West Virginia for more than two years.
3. Number of West Virginia policies in force in each of the last five years.

	Number of Policies	Percent Change
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year _____	_____	_____
1st Prior Year _____	_____	_____

4. List all rate level changes for the last five years on the policy affected by this proposed premium rate adjustment.

	Effective Date	Percent Adjustment
(a) West Virginia		
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year _____	_____	_____
1st Prior Year _____	_____	_____

Effective Date

Percent Adjustment

(b) Countrywide

5th Prior Year	_____	_____	_____
4th Prior Year	_____	_____	_____
3rd Prior Year	_____	_____	_____
2nd Prior Year	_____	_____	_____
1st Prior Year	_____	_____	_____

5. Provide the following information:

Earned
Premiums

Incurred
Losses

Loss
Ratio

(a) West Virginia

5th Prior Year	_____	\$ _____	\$ _____	_____ %
4th Prior Year	_____	\$ _____	\$ _____	_____ %
3rd Prior Year	_____	\$ _____	\$ _____	_____ %
2nd Prior Year	_____	\$ _____	\$ _____	_____ %
1st Prior Year	_____	\$ _____	\$ _____	_____ %
TOTAL		\$ _____	\$ _____	_____ %

(b) Countrywide

5th Prior Year	_____	\$ _____	\$ _____	_____ %
4th Prior Year	_____	\$ _____	\$ _____	_____ %
3rd Prior Year	_____	\$ _____	\$ _____	_____ %
2nd Prior Year	_____	\$ _____	\$ _____	_____ %
1st Prior Year	_____	\$ _____	\$ _____	_____ %
TOTAL		\$ _____	\$ _____	_____ %

6. Provide a summary of the developed data and experience in 5 above as follows:

	Earned Premiums at Current Level	Trended Incurred Losses	Adjusted Loss Ratio
(a) West Virginia			
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior Year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

(b) Countrywide

5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior Year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

7. (a) Provide a breakdown of the percentage of earned premium associated with each of the following areas of cost:

Commission and brokerage	_____ %
Taxes, License, Fees	_____ %
General Administrative	_____ %
Risk Retention	_____ %
Profit	_____ %
Other (describe)	_____ %
TOTAL EXPENSES	_____ %

(b) Indicate minimum loss ratio for this type of policy.

8. Address in narrative form the following requests for information:
- (a) Explain trending methods used. Provide trended loss data (by significant loss category) and provide a clear explanation of the trending methodology and mathematics. Provide all formulas and calculations used in formulation of the trended data.
 - (b) Explain the manner in which credibility of data is considered in your ratemaking process. Show all formulas, applications and methodology used to formulate credibility measurements.
 - (c) Explain your indicated rate level. Provide all mathematical formulas and calculations which show the complete deliniation of the method used to calculate the indicated rate level.
 - (d) Explain the manner in which investment income is considered when a final rate level is selected. Provide a complete breakdown of the formulas, variables and methodology used to calculate investment income yield. Further, the weighted average investment income yield earned on reserves for the five years prior to the proposed effective date of new rates.
9. Was any consideration given to mitigating the proposed rate adjustment through benefit restructuring? If not, why not? If so, describe benefit changes proposed and effect on rate adjustment.
10. What is the average age of the policyholder group affected by this filing?
11. Are losses reported on a calendar year or policy year basis?

12. Describe the stop loss provisions of the policy affected by this filing.
13. The amount of Annual Earned Premium entered in Section III Question No. 6 of this Rate Filing Abstract accounts for what proportion of the total annual written premium on a countrywide basis for this particular policy/contract? Please be specific in both total dollars and percentage-proportions in West Virginia.
14. Has this proposed premium rate adjustment filing been submitted to any other state insurance departments? If "yes", give specific information as to which states, when filed, each state's proportionate share of the total annual written premium for this particular policy/contract, the status of said filing in each state, and any other pertinent information which may be helpful in our review. Please attach additional sheets if more space is needed.

CERTIFICATION: I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

APPENDIX E

**WEST VIRGINIA INSURANCE COMMISSION
INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE LOSS COSTS
REFERENCE FILING FORM**

PART I. GENERAL INFORMATION

1. INSURER NAME: _____

ADDRESS: _____

GROUP: _____

2. INSURER NAIC # _____

3. LINE OF INSURANCE _____

4. RATING ORGANIZATION _____
LOSS COST REFERENCE FILING # _____

The above insurer hereby declares that it is a participant of the named rating organization. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustments specified below.

5. CURRENT LOSS COST MULTIPLIER _____

6. PROPOSED LOSS COST MULTIPLIER _____

If you are proposing to make a change to your current multiplier, you must submit an explanation and justification which supports the proposed change.

7. AMOUNT OF CHANGE DUE TO ADOPTION ONLY _____ %
AMOUNT OF CHANGE DUE TO MULTIPLIER CHANGE _____ %
PROPOSED OVERALL CHANGE _____ %

8. PROPOSED EFFECTIVE DATE FOR THIS FILING _____

9. ~~AMOUNT OF OVERALL PRIOR RATE CHANGE~~ _____ %
~~EFFECTIVE DATE OF PRIOR RATE CHANGE~~ _____
~~LOSS COST REFERENCE FILING # OF PRIOR CHANGE~~ _____

10. ~~NUMBER OF POLICYHOLDERS AFFECTED BY THIS PROPOSAL~~ _____

The insurer hereby requests that its loss costs adjustment be applicable to future revisions of the rating organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rating organization's loss costs and the insurer's loss cost adjustments. The rates will apply to policies written on or after the effective date of the rating organization's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer, except for Loss Cost Modifications are renewable annually.

PART II. PRICING INFORMATION

A. INSURER LOSS COST MODIFICATION

SELECT ONE

_____ The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing without modification.

_____ The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Document with the following modification(s). (Cite nature and percent deviation, and attach supporting data and /or rationale for the deviation)

B. INSURER EXPENSE COMPONENT (Attach exhibit detailing insurer expense data/and or other supporting information. Use separate sheets if more than one set of expenses is to be used.)

_____ a) Total Production Expense	_____ %
_____ b) General Expense	_____ %
_____ c) Taxes, Licenses & Fees	_____ %
_____ d) Underwriting Profit and Contingencies	_____ %
_____ e) Miscellaneous	_____ %
_____ f) Investment Income	() %
_____ g) TOTAL	_____ %

~~C. INSURER LOSS COST ADJUSTMENT MULTIPLIER (combination of Insurer Loss Cost Modification [A. Above] and Insurer Expense Component [B. Above]) Attach separate sheets if needed.~~ _____

~~*If the information is not available and the proposed adjustments are based on other than the above information, explain basis for development of adjustments.*~~

~~D. INSURER EXPENSE CONSTANT (if applicable)~~ _____

~~E. SIGNATURE~~ _____

~~Name (Print)~~ _____

~~Title~~ _____

~~Company~~ _____

~~Address~~ _____

~~Telephone~~ _____

APPENDIX E

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE
LOSS COSTS RATE FILING ABSTRACT**

I. GENERAL INFORMATION

1. INSURER NAME: _____

ADDRESS: _____

GROUP: _____

2. INSURER NAIC # _____

3. LINE OF INSURANCE: _____

4. RATING ORGANIZATION: _____

LOSS COST REFERENCE FILING # _____

The above insurer hereby declares that it is a participant of the named rating organization. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustments specified below.

5. CURRENT LOSS COST MULTIPLIER: _____

6. PROPOSED LOSS COST MULTIPLIER: _____

If you are proposing to make a change to your current multiplier, you must submit an explanation and justification which supports the proposed change.

7. AMOUNT OF CHANGE DUE TO ADOPTION ONLY _____ %
 AMOUNT OF CHANGE DUE TO MULTIPLIER CHANGE _____ %
 PROPOSED OVERALL CHANGE _____ %

8. PROPOSED EFFECTIVE DATE FOR THIS FILING _____

9. AMOUNT OF OVERALL PRIOR RATE CHANGE _____ %
 EFFECTIVE DATE OF PRIOR RATE CHANGE _____
 LOSS COST REFERENCE FILING # OF PRIOR CHANGE _____

10. NUMBER OF POLICYHOLDERS AFFECTED BY THIS PROPOSAL _____

The insurer hereby requests that its loss costs adjustment be applicable to future revisions of the rating organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rating organization's loss costs and the insurer's loss cost adjustments. The rates will apply to policies written on or after the effective date of the rating organization's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer, except that Loss Cost Modifications are renewable annually.

II. PRICING INFORMATION

1. NSURER LOSS COST MODIFICATION

SELECT ONE

The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing without modification.

The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Document with the following modification(s). (Cite nature and percent deviation, and attach supporting data and /or rationale for the deviation

2. INSURER EXPENSE COMPONENT (Attach exhibit detailing insurer expense data/and or other supporting information. Use separate sheets if more than one set of expenses is to be used.)

a) Total Production Expense _____ %
 b) General Expense _____ %
 c) Taxes, Licenses & Fees _____ %
 d) Underwriting Profit and Contingencies _____ %
 e) Miscellaneous _____ %
 f) Investment Income _____ () %
 g) TOTAL _____ %

3. INSURER LOSS COST ADJUSTMENT MULTIPLIER (combination of Insurer Loss Cost Modification [A. Above] and Insurer Expense Component [B. Above]) Attach separate sheets if needed. _____

If the information is not available and the proposed adjustments are based on other than the above information, explain basis for development of adjustments.

4. INSURER EXPENSE CONSTANT (if applicable) _____

CERTIFICATION: I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

APPENDIX F

**WEST VIRGINIA INSURANCE COMMISSION
PROPERTY AND CASUALTY RATE FILING ABSTRACT**

INSTRUCTIONS: All questions must be answered; if the answer is "none" or "not applicable", so state. Companies filing as a group must use a consolidated abstract if the rates are identical. If this is a combination Rate and Form Filing, the Form Filing Abstract (Form PCA-F) must also be completed.

1. **Date Filed:** _____ **Proposed Effective Date:** _____

2. a) **Company Name(s):** _____

b) **Part of Group:** _____

3. a) **Class/Coverage affected by filing:** _____

b) **Term of policy to be written:** _____

c) **Is coverage written on a claims-made or occurrence basis?**
_____ **Claims-Made** _____ **Occurrence** _____

d) **Company gross written premium (latest calendar year) for 3(a)**
_____ **West Virginia \$** _____ **Countrywide \$** _____

4. **List all rate level changes for the last five years for the class/coverage affected by this filing:**

	Effective Date	Individual Coverages	All Coverages Combined
New			
Renewal			

5. ~~Number of West Virginia Policies in force in each of the last five years:~~

	<u>Number of Policies</u>	<u>Percent Change</u>
5th Prior Year	_____	_____
4th Prior Year	_____	_____
3rd Prior Year	_____	_____
2nd Prior Year	_____	_____
1st Prior Year	_____	_____

6. a) ~~Estimated premium effect of the filing:~~

<u>Annual Written Premium</u>	<u>Percent Change Requested</u>	<u>Additional Annual Premium</u>
\$ _____	_____ %	\$ _____
\$ _____	_____ %	\$ _____
\$ _____	_____ %	\$ _____
\$ _____	_____ %	\$ _____
\$ _____	_____ %	\$ _____

b) ~~Components of proposed rate level change(s):~~

<u>Coverage</u>	<u>Indicated Rate Level Change(s)</u>	<u>Proposed Rate Level Change(s)</u>	<u>Components of Proposed Rate Level Changes</u>			
			<u>(A) Basic Rate Change</u>	<u>(B)*</u>	<u>(C)*</u>	<u>(D)*</u>
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

~~*Examples of some components are classification changes, increased limit changes, deductible changes, age or symbol changes, policy form changes, changes in tier factors, and other manual rate changes.~~

7. Provide the following calendar year information for the coverage stated in 3(a):

WEST VIRGINIA

	Earned Premium (000)	Incurred Losses (000)	Unadjusted Loss Ratio
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
____ TOTAL _____	\$ _____	\$ _____	_____ %

COUNTRYWIDE

	Earned Premium (000)	Incurred Losses (000)	Unadjusted Loss Ratio
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
____ TOTAL _____	\$ _____	\$ _____	_____ %

~~8. PROPERTY CASUALTY PROCEDURAL INFORMATION (include exhibits)~~

~~The filing should be easy to read and understand. It should be self-explanatory and should be well documented.~~

~~The answers to the following questions should be a part of the filing:~~

- ~~a) If the methods used in this filing differ from those used in the last rate filing for this coverage in West Virginia, or if the West Virginia methods differ from those used countrywide, attach an explanation of the differences.~~
- ~~b) Are the proposed rates specific to West Virginia, or are the same rates to be charged on a Countrywide basis?~~
- ~~c) Are there any insureds that will be affected by the proposed changes (i.e. do you have any West Virginia business that will be impacted by the proposal)? If so, what is the overall impact of all of the proposed changes?~~
- ~~d) Explain the type of loss information used in this rate filing. For example, was it Calendar Period or Accident period, and was it based on Basic limits data or Total limits data? Provide the date at which the data was evaluated.~~
- ~~e) Explain and support any premium trend, premium-on-level, or loss trend factors utilized in the indication.~~
- ~~f) If Policy or Accident period data has been used, explain any tests or adjustments that were made to loss development factors so as to make them appropriate for use in this filing. Loss development factors should be shown by coverage both for West Virginia and countrywide. Provide support for loss development factors utilized.~~
- ~~g) Explain any adjustments for large or catastrophic losses that were made in the statistical information on losses. Provide support for catastrophic loss factors utilized~~
- ~~h) Demonstrate how the expected income from investments have been taken into account in arriving at the proposed rates?~~
- ~~i) Provide the derivation of your permissible and expected loss ratios. Explain any changes in those provisions between this filing and the previous filing.~~
- ~~j) Provide any additional information supporting and clarifying your request.~~

9. Provide a summary of the developed data and experience in 10 above as follows:

	Current Level Earned	Trended Developed Incurred Losses	Adjusted Loss Ratio
5th Prior Year	\$ _____	\$ _____	_____ %
4th Prior year	\$ _____	\$ _____	_____ %
3rd Prior Year	\$ _____	\$ _____	_____ %
2nd Prior Year	\$ _____	\$ _____	_____ %
1st Prior Year	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

10. Business Expense Provisions that are used to determine Permissible Loss Ratio.

Commission and Brokerage	_____ %
New Acquisition	_____ %
General	_____ %
Taxes, Licenses, Fees, Etc.	_____ %
Other	_____ %
Profit and Contingencies	_____ %
TOTAL EXPENSES	_____ %
Pure Permissible Loss Ratio	_____ %
Loss Adjustment Expenses	_____ %
Allocated	_____ %
Unallocated.	_____ %
Total permissible loss and loss adjustment expense ratio	_____ %

11. Insurance Expense Exhibit. Expense Ratios (%) on a written premium basis over the past 5 years for the coverage in 3(a) above:

	Percent Annual					5-year Average
	YEAR	YEAR	YEAR	YEAR	YEAR	
_____	_____	_____	_____	_____	_____	
a) Commission & Brokerage	_____	_____	_____	_____	_____	_____
b) New Acquisition	_____	_____	_____	_____	_____	_____
c) General	_____	_____	_____	_____	_____	_____
d) Taxes, etc.	_____	_____	_____	_____	_____	_____
e) SUBTOTAL (a)+(b)+(c)+(d)	_____	_____	_____	_____	_____	_____
f) WV Calendar Yr Loss Ratio	_____	_____	_____	_____	_____	_____
g) Combined Ratio (e)+(f)	_____	_____	_____	_____	_____	_____
h) Investment Gain/(Loss)	_____	_____	_____	_____	_____	_____

12. The above information is correct to the best of my knowledge and belief.

Signed _____

Title _____

APPENDIX F

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

PROPERTY AND CASUALTY INSURANCE RATE FILING ABSTRACT

INSTRUCTIONS: All questions must be answered; if the answer is "none" or "not applicable", so state. Companies filing as a group must use a consolidated abstract if the rates are identical. If this is a combination Rate and Form Filing, then Appendix G/Property and Casualty Insurance Form Filing Abstract (PCA-F-2004) must also be completed.

1. Date filed: _____ Proposed effective date: _____

2. a) Company name(s): _____

b) Part of group: _____

3. a) Class/Coverage affected by filing: _____

b) Term of policy to be written: _____

c) Is coverage written on a claims-made or occurrence basis?

Claims-Made Occurrence

d) Company gross written premium (latest calendar year) for 3(a)

West Virginia \$ _____ Countrywide \$ _____

4. List all rate level changes for the last five years for the class/coverage affected by this filing:

Effective Date		Individual Coverages	All Coverages Combined
New	Renewal		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Number of West Virginia policies in force in each of the last five years:

	<u>Number of Policies</u>	<u>Percent Change</u>
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year _____	_____	_____
1st Prior Year _____	_____	_____

6. a) Estimated premium effect of the filing:

<u>Coverage</u>	<u>Annual Written Premium</u>	<u>Percent Change Requested</u>	<u>Additional Annual Premium</u>
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

b) Components of proposed rate level change(s):

<u>Coverage</u>	<u>Indicated Rate Level Change(s)</u>	<u>Proposed Rate Level Change(s)</u>	<u>Components of Proposed Rate Level Changes</u>			
			<u>(A) Basic Rate Change</u>	<u>(B)*</u>	<u>(C)*</u>	<u>(D)*</u>
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

**Examples of some components are classification changes, increased limit changes, deductible changes, age or symbol changes, policy form changes, changes in tier factors, and other manual rate changes.*

7. Provide the following calendar year information for the coverage stated in 3(a):

7(a)

WEST VIRGINIA

	<u>Earned Premium (000)</u>	<u>Incurred Losses (000)</u>	<u>Unadjusted Loss Ratio</u>
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

7(b)

COUNTRYWIDE

	<u>Earned Premium (000)</u>	<u>Incurred Losses (000)</u>	<u>Unadjusted Loss Ratio</u>
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

8. PROPERTY CASUALTY PROCEDURAL INFORMATION (include exhibits)

The filing should be easy to read and understand. It should be self-explanatory and should be well documented.

The answers to the following questions should be a part of the filing:

- a) If the methods used in this filing differ from those used in the last rate filing for this coverage in West Virginia, or if the West Virginia methods differ from those used countrywide, attach an explanation of the differences.
- b) Are the proposed rates specific to West Virginia, or are the same rates to be charged on a Countrywide basis?
- c) Are there any insureds that will be affected by the proposed changes (i.e. do you have any West Virginia business that will be impacted by the proposal)? If so, what is the overall impact of all of the proposed changes?
- d) Explain the type of loss information used in this rate filing. For example, was it Calendar Period or Accident period; and was it based on Basic limits data or Total limits data? Provide the date at which the data was evaluated.
- e) Explain and support any premium trend, premium-on-level, or loss trend factors utilized in the indication.
- f) If Policy or Accident period data has been used, explain any tests or adjustments that were made to loss development factors so as to make them appropriate for use in this filing. Loss development factors should be shown by coverage both for West Virginia and countrywide. Provide support for loss development factors utilized.
- g) Explain any adjustments for large or catastrophic losses that were made in the statistical information on losses. Provide support for catastrophic loss factors utilized
- h) Demonstrate how the expected income from investments have been taken into account in arriving at the proposed rates?
- i) Provide the derivation of your permissible and expected loss ratios. Explain any changes in those provisions between this filing and the previous filing.
- j) Provide any additional information supporting and clarifying your request.

9. Provide a summary of the developed data and experience in 7(a) above as follows:

	Current Level Earned	Trended Developed Incurred <u>Losses</u>	Adjusted Loss <u>Ratio</u>
5th Prior Year _____	\$ _____	\$ _____	_____ %
4th Prior year _____	\$ _____	\$ _____	_____ %
3rd Prior Year _____	\$ _____	\$ _____	_____ %
2nd Prior Year _____	\$ _____	\$ _____	_____ %
1st Prior Year _____	\$ _____	\$ _____	_____ %
TOTAL	\$ _____	\$ _____	_____ %

10. Business Expense Provisions that are used to determine Permissible Loss Ratio.

Commission and Brokerage	_____ %
New Acquisition	_____ %
General	_____ %
Taxes, Licenses, Fees, Etc.	_____ %
Other	_____ %
Profit and Contingencies	_____ %
TOTAL EXPENSES	_____ %
Pure Permissible Loss Ratio	_____ %
Loss Adjustment Expenses	_____ %
Allocated	_____ %
Unallocated	_____ %
Total permissible loss and loss adjustment expense ratio	_____ %

11. Insurance Expense Exhibit. Expense Ratios (%) on a written premium basis over the past 5 years for the coverage in 3(a) above:

	Percent Annual					5 year Average
	YEAR	YEAR	YEAR	YEAR	YEAR	
a) Commission & Brokerage	_____	_____	_____	_____	_____	_____
b) New Acquisition	_____	_____	_____	_____	_____	_____
c) General	_____	_____	_____	_____	_____	_____
d) Taxes, etc.	_____	_____	_____	_____	_____	_____
e) SUBTOTAL (a)+(b)+(c)+(d)	_____	_____	_____	_____	_____	_____
f) WV Calendar Yr Loss Ratio	_____	_____	_____	_____	_____	_____
g) Combined Ratio (e)+(f)	_____	_____	_____	_____	_____	_____
h) Investment Gain/(Loss)	_____	_____	_____	_____	_____	_____

CERTIFICATION: I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

APPENDIX G

WEST VIRGINIA INSURANCE COMMISSION

PROPERTY AND CASUALTY FORM FILING ABSTRACT

INSTRUCTIONS:

All questions must be answered. (If none, state none.)

If this is a combination Rate & Form Filing, PCA-R Rate filing Abstract must also be completed.

Companies filing as a group may use a consolidated abstract if all forms are identical. Individual companies and Group must be identified.

1. ~~Date Filed~~ _____ ~~Proposed Effective Date~~ _____

2. ~~Company Name(s)~~ _____

~~Group Name:~~ _____

3. (a) ~~Annual Statement Line of Business Number~~ _____

~~(b) Class of business~~ _____

~~(c) Coverages Affected~~ _____

~~(d) Number of present policyholders potentially affected by this filing~~ _____

4. (a) ~~Name of Rating Organization, if any:~~ _____

~~(b) Affiliation:~~ Member Subscriber

~~For Rules~~ ~~Rates~~ ~~Forms~~

5. ~~Is this a reference filing? Yes _____ No _____ If yes, provide the following:~~

~~— (a) Filing designation and name _____~~

~~— (b) Date of Filing _____~~

~~— (c) Date Approved for use in WV _____~~

6. ~~Provide the information requested on Page 2 of this form.~~

7. ~~The information provided is correct to the best of my knowledge and belief.~~

(Signed) _____

(Title) _____

APPENDIX G

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

PROPERTY AND CASUALTY INSURANCE FORM FILING ABSTRACT

INSTRUCTIONS: All questions must be answered. (If none, state none.) If this is a combination Rate & Form Filing, then Appendix F/Property and Casualty Insurance Rate Filing Abstract PCA-R-2004 must also be completed. Companies filing as a group may use a consolidated abstract if all forms are identical. Individual companies and Group must be identified.

1. Date filed: _____ Proposed effective date: _____

2. Company name(s): _____

Group name: _____

3. (a) Annual statement line of business number: _____

(b) Class of business: _____

(c) Coverages affected: _____

(d) Number of present policyholders potentially affected by this filing: _____

4. (a) Name of rating organization, if any: _____

(b) Affiliation: Member Subscriber

For Rules Rates Forms

5. Is this a reference filing? Yes No If yes, provide the following:

- (a) Filing designation and name: _____
- (b) Date of filing: _____
- (c) Date approved for use in WV: _____

6. Provide the information requested on Page 2 of this form.

CERTIFICATION: I hereby certify that the informion contained in this Form Filing Abstract is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

