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**IDAPA 18
TITLE 01
Chapter 52**

18.01.52 - STATISTICAL REPORTING BY INSURANCE CARRIERS

000. LEGAL AUTHORITY.

The statutory authority for this rule is Sections 41-336A and 41-336B, Idaho Code.

(7-1-93)

001. TITLE AND SCOPE.

The purpose of this rule is to specify the statistical information required to be contained in the annual report forms which are required to be filed with the Director of the Department of Insurance on July 1st of each year pursuant to Sections 41-336A and 41-336B, Idaho Code.

(7-1-93)

002. -- 010. (RESERVED).

011. APPLICABILITY.

01. Applicability to Specific Lines of Insurance. This rule shall apply to all insurers transacting the following types of insurance business in Idaho:

(7-1-93)

a. Liability for malpractice of any person licensed under Chapter 18, Title 54, Idaho Code (physicians and surgeons).

(7-1-93)

b. Liability for malpractice of any person licensed under Chapter 1, Title 3, Idaho Code (attorneys).

(7-1-93)

c. Liability for the manufacture, design, production, processing or modification of any product.

(7-1-93)

d. Liability for casualties, including all types of casualty insurance as defined in Section 41-506, Idaho Code.

(7-1-93)

e. Medicare supplement insurance.

(7-1-93)

012. DUTIES OF COMPANIES.

Each insurer required to report shall do so each year by the first day of July on the applicable statistical reporting forms.

(7-1-93)

013. FEES AND MISCELLANEOUS CHARGES.

The fees and miscellaneous charges associated with this rule are set forth in IDAPA 18.01.44 and shall be paid by those requesting access to the information compiled pursuant to this rule.

(7-1-93)

014. SEVERABILITY.

If any provision of this rule is held to be invalid, the remainder shall not be affected thereby.

(7-1-93)

015. -- 999. (RESERVED).

APPENDIX 1

(As Required by IDAPA 18.01.52
and Sections 41-336A and 41-336B, Idaho Code)

This year the statistical filing forms have been consolidated to three forms and a filing check list. The forms include an "A" form (INS840-R52A) for reporting liability experience, a "B" form (INS840-R52B) for reporting paid claims, and a form (INS840-R52MS) for reporting medicare supplement insurance experience. The filing check list lists each required filing category and has columns "A" and "B" for indicating which reports are being filed.

You must file for any check list filing category for which you have, within the reporting calendar year in Idaho, had:

- * premiums earned or written,
- * losses paid or outstanding, and/or
- * closed claims resulting in no payment.

Groups of insurers under common management may elect to consolidate all of their companies' statistics into one report filing for each filing category. If this election is taken, list on the back of the check list the group name and the name and Idaho certificate of authority number for each individual insurance company being consolidated.

The attached filing forms are intended only for use as originals to be duplicated. Make a copy for each filing category for which you are required to report and fill out as instructed herein. At the top of each form and the check list, you must indicate the reporting calendar year, your company name, and your company's Idaho certificate of authority number. On the top "A" (INS840-R52A) and "B" (INS840-R52B) forms indicate the check list category being filed. For those electing to file consolidated reports, put the group name on the top of each form filed.

Form "A" and "B" check list filing categories correspond to lines of business as reported on Page 14 of annual statement. These filing categories are as follows:

1. Fire

This corresponds to line 1 on page 14.

2. Farmowners' Multiple Peril

This corresponds to line 3 on page 14.

3. Homeowners' Multiple Peril

This corresponds to line 4 on page 14.

4. Medical Malpractice

This corresponds to line 11 on page 14.

This category has been subdivided into five (5) filing categories. Category e, "Total - All Medical Malpractice Combined" should represent the total of categories a through d and reconcile to line 11 of page 14 of the annual statement.

Information should be reported for each of the medical malpractice categories. Information should reconcile to Supplement A to Schedule T of the annual statement.

5. Workers' Compensation

This corresponds to line 6 on page 14.

6. Other Liability

This corresponds to line 17 on page 14.

This major category has been subdivided into seven (7) filing categories. Information should be reported for each of these categories.

Category C, "all other professional liability", should be used to report professional liability insurance types not specifically covered by one of the specific professional liability categories within major categories 4 and 6.

Category g, "Total - Other Liability (non auto)", must be reported and should reconcile to amounts reported on line 17 of page 14 of the annual statement.

7. Private Passenger Auto No-Fault

This corresponds to line 19.1 on page 14.

8. Other Private Passenger Auto Liability

This corresponds to line 19.2 on page 14.

9. Commercial Auto Liability

This corresponds to line 19.4 on page 14.

10. Private Passenger Auto Physical Damage

This corresponds to line 21.1 on page 14.

11. Commercial Auto Physical Damage

This corresponds to line 21.2 on page 14.

The check list and each form filed must be signed with an authorized signature. A telephone number must be provided to facilitate clarifying information filed. The check list must be filed along with your submission of forms. You no longer have to submit individual filing category forms marked "None". If you have no filing requirement under this order, fill out company identification information on the check list, mark it prominently with "None", sign it, and mail it to the Idaho Department of Insurance.

Information entered on the forms must be filled out legibly in ink or typed. All dollar figures should be entered in whole dollars, with negative amounts enclosed in parentheses. Where applicable, submitted data should reconcile with Annual Statement Supplements.

This form, INS840-R52A, is utilized for reporting Idaho only and Countrywide liability experience for the casualty and liability filing categories on the check list. If you are required to file for a category, copy the "A" (INS840-R52A) form, fill out the required information at the top, provide all statistical information, and indicate "Filed" by checking off the category on the check list in the "A" column. Otherwise, indicate as "None" in the check list "A" column.

The number of exposures are to be counted on a written basis. Direct premiums written and earned should be gross premiums, including policy and membership fees, less return premiums on policies not taken. If a claim count is included in losses paid, it must not be included in losses unpaid, or vice versa.

Do not include direct losses incurred but not reported, IBNR, in direct losses unpaid. Report the reporting year change in liability reserves, not the account balance, for direct losses unpaid and direct losses incurred but not reported. This will facilitate direct losses incurred being the sum total of direct losses paid, direct losses unpaid, and direct losses incurred but not reported.

Loss adjustment expenses, LAE, must be reported coinciding with the direct losses incurred for the period. Do not include LAE amounts in reported loss amounts. LAE must be reported separately in the column provided.

This form, INS840-R52B, is utilized for reporting Idaho paid claims and/or closed unpaid claims for the casualty and liability filing categories on the check list. If you are required to file for a category, copy the "B" form (INS840-R52B), fill out the required information at the top, provide all statistical information, and indicate "Filed" by checking off the category on the check list in the "B" column. Otherwise, indicate as "None" in the check list "B" column.

A "B" filing must be submitted for each corresponding "A" filing where 1) there was an entry on the "Idaho Only" line within the "Direct Losses Paid" column, and/or 2) there were closed claims within Idaho not resulting in payment. "Grand Total" amounts reported on "B" forms (INS840-R52B) in the "Total Paid Claims" column for a given category must reconcile to "Direct Losses Paid" amounts reported on the "Idaho Only" line of the corresponding "A" form (INS840-R52B).

"Current Year" is the calendar year being reported, "Previous Year" is the year just previous to the report year, and "Prior Years" are those years (cumulative) prior to "Previous Year".

Report claims, grouping them within the dollar size claim categories indicated on the form and in grand total of all claims paid this calendar year. You are not required to provide information in the Judgments and Settlements columns for claims under \$100,000. This is indicated by "N/R", meaning not required.

IDAHO STATISTICAL REPORT FILING CHECKLIST

Year:

Company Name: CA Number:

FORMS A B FILING CATEGORY As Required by Sections 41-226A & 41-336B, Idaho Code

I. FILING FOR: CASUALTY AND LIABILITY INSURANCE CATEGORIES

1. FIRE

2. FARMOWNERS' MULTIPLE PERIL

3. HOMEOWNERS' MULTIPLE PERIL

4. MEDICAL MALPRACTICE

- a. PHYSICIANS, SURGEONS & OSTEOPATHS
- b. OTHER HEALTH CARE PROFESSIONALS
- c. HOSPITALS
- d. OTHER HEALTH CARE FACILITIES
- e. TOTAL - ALL MEDICAL MALPRACTICE COMBINED

5. WORKERS' COMPENSATION

6. OTHER LIABILITY

- a. LEGAL MALPRACTICE LIABILITY
- b. DIRECTORS & OFFICERS LIABILITY
- c. ALL OTHER PROFESSIONAL LIABILITY (non medical)
- d. PRODUCT LIABILITY
- e. MANUFACTURERS AND CONTRACTORS LIABILITY
- f. POLITICAL SUBDIVISION (non auto)
- g. TOTAL - OTHER LIABILITY (non auto)

7. PRIVATE PASSENGER AUTO NO-FAULT

8. OTHER PRIVATE PASSENGER AUTO LIABILITY

9. COMMERCIAL AUTO LIABILITY

10. PRIVATE PASSENGER AUTO PHYSICAL DAMAGE

11. COMMERCIAL AUTO PHYSICAL DAMAGE

II. FILING FOR: OTHER INSURANCE CATEGORIES

1. MEDICARE SUPPLEMENT INSURANCE

The attached forms are to be used as masters only. They should be duplicated and the category name from above should be entered in the "Filing For:" space provided at top of the form. Company name and Certificate of Authority Number should also be entered at the top of each form filed. Filing categories correspond to Page 14, "EXHIBIT OF PREMIUMS AND LOSSES:", filed in annual statement. Medical Malpractice and Other Liability have been subdivided into several subcategories. You must file a report of each of these subcategories. Amounts entered on forms should reconcile to the amounts reported in your annual statement. Indicate as "Filed" by checking off item, or write "None" if not filed in the column provided on this check list form. The check list must be filed even though you may not have statistical data within the above filing categories. See enclosed instructions for specifics.

Person Reporting/Title Telephone
INS840-R52CKLST
(Rev. 10/88)

STATISTICAL REPORT A - Annual Report of Liability Experience for Calendar
Year _____ As Required by Section 41-336A, Idaho Code.

COUNTRYWIDE & IDAHO - LIABILITY EXPERIENCE BY INCURRED YEAR

STATE OF IDAHO - DEPARTMENT OF INSURANCE
700 West State Street
Boise, ID 83720
(208) 334-4250

Company Name: _____ Certificate of Authority
Number: _____

Filing For: (Specify Subcategory Type from check list): _____

(This form must be duplicated and submitted for each check list subcategory for which you have liability experience in Idaho. Check off as "Filed" on check list, column A, for subcategory being submitted.

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

Change in Reserve Balance

Direct Losses Paid (Exclude LAE Paid) Direct Losses Unpaid (Exclude IBNR col 8) Direct Losses
Direct Premiums Incurred But 5+7+8 Allocated Loss Ratio=

Number of Exposures Written Earned Number of Claims Amounts Number of Claims Amounts Not Reported
"IBNR" Direct Loss Incurred LAE Incurred (9+10)/3% COUNTRYWIDE

IDAHO ONLY

Notes: Information must be typed or printed legibly in ink. Amounts are to be entered in whole dollars. Enclose negative amounts within parentheses.

Columns number 7 and 8 above reflect the change in reserve balance (i.e. reserve held at end of year less reserve held at beginning of year).

See "Instructions for Completing Statistical Reports - Form INS840-R52A" for specific instructions.

Number of exposures is defined as either the company's count of policies or the company's number of exposures as defined in the statistical plan file with the Idaho Department of Insurance. Please identify which basis has been used by checking the appropriate box below: (See instructions for specifics for reporting Medical Malpractice exposures.)

No. of Policies (or) Exposures as defined in statistical plan

Person Reporting/Title: _____ Telephone: _____

INS840-R52A
(Rev. 10/88)

STATISTICAL REPORT B - Annual Report of Paid Liability Experience for Calendar Year ____ As Required by
Section 41-336B, Idaho Code.

IDAHO ONLY - PAID CLAIMS BY INCURRED YEAR Form R52B
(rev 10/88)

STATE OF IDAHO - DEPARTMENT OF INSURANCE
700 West State Street
Boise ID 83720
(208) 334-4250

Company Name: _____
Certificate of Authority Number: _____

Filing For: (Specify Subcategory Type from check list): _____

(This form must be duplicated and submitted for each corresponding "A" form submitted where: 1) there was an entry
on the "Idaho Only" line within the "Director Loss Paid" column, and/or 2) there were closed claims within Idaho not
resulting in payment.)

Year Size of Claim Judgments
Settlements Total Paid Claims Closed Unpaid Claims

Losses Incurred \$ Dollar \$ Reporting Category Number Amounts Paid Number Amounts Paid Number Amounts
Paid LAE Amount Number LAE Amount Under \$100,000 N/R N/R N/R N/R Current \$100,000 to \$499,999
Reporting \$500,000 to \$999,999 Year Over \$1,000,000 Under \$100,000 N/R N/R N/R N/R Previous \$100,000 to
\$499,999 Reporting \$500,000 to \$999,999 Year Over \$1,000,000 All Years Prior Under \$100,000 N/R N/R N/R N/R
to those \$100,000 to \$499,999 Reported \$500,000 to \$999,999 Above Over \$1,000,000 Grand Total

Note: Information must be typed or printed legibly in ink. Amounts are to be entered in whole dollars. Enclose
negative amounts within parentheses. N/R" indicates not required. You are not required to report within the
Judgements and Settlements columns for claims under \$100,000. See "Instructions for Completing Statistical Reports
- Form INS840-R52B" for specific instructions. Settlements are losses paid prior to judgment. Judgments are losses
paid subsequent to the entry of judgment. Closed Unpaid Claims are claims closed without a payment. Amounts Paid
should be actual settlement or judgement amount and not include LAE amounts. Separate LAE amounts into amounts
spent in reaching judgments and/or settlements and that spent on claims resulting in no payment. Put these LAE
amounts in the specific columns above.

Person Reporting/Title: _____ Telephone: _____

INS840-R52B

(Rev. 10/88)

STATISTICAL REPORT A - Annual Report of Experience for Calendar Year ____ As Required by Section 41-336A, Idaho Code.

IDAHO ONLY - MEDICARE SUPPLEMENT INSURANCE

STATE OF IDAHO - DEPARTMENT OF INSURANCE 5700 West State Street Boise ID 83720 (208) 334-4250

Company Name: _____

Certificate of Authority Number: _____

This form is to be used to report Medicare Supplement Insurance experience in Idaho.

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Year in Which Premiums Were Earned & Claims Were Incurred

Premiums Earned

Claims Paid

Expenses Paid

Total Claim and Expense Payments = 3+4

Ratio 5/2 %

Change in Claims Paid

Change in Expenses Paid

Total Claim and Expense Incurred = 5+7+8

Ratio = 9/2 %

Group Policies Current Year Previous Year Prior Years Totals

Non Group Policies (Individual) Current Year Previous Year Prior Years Totals

Notes: Information must be typed or printed legibly in ink. Enter amounts in whole dollars. Enclose negative amounts within parentheses. Indicate "Filed" on enclosed check list. If you have no premiums or losses to be reported on this form, indicate "None" on the check list. Medicare supplement policies issued as a result of solicitations of individuals through the mail or mass media advertising, including both print and broadcast advertising, shall be deemed to be individual policies.

For lines other than current year, amounts reported should include claim and expense payments made in prior years as well as claim and expense payments made in current year.

The term expense payments includes all payments for commissions, general insurance expenses, and taxes, licenses and fees. Are they so reported in this statement?

ANSWER: _____

Person Reporting/Title: _____ Telephone: _____

INS840-R52MS

(Rev. 10/88)

APPENDIX A

IDAHO STATISTICAL REPORT FILING CHECKLIST		
Year:	Company Name:	CA Number:
FORMS	FILING CATEGORY	
A B	As Required by Sections 41-226A & 41-336B, Idaho Code	
I. FILING FOR: CASUALTY AND LIABILITY INSURANCE CATEGORIES		
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	<ol style="list-style-type: none"> 1. FIRE 2. FARMOWNERS' MULTIPLE PERIL 3. HOMEOWNERS' MULTIPLE PERIL 4. MEDICAL MALPRACTICE <ol style="list-style-type: none"> a. PHYSICIANS, SURGEONS & OSTEOPATHS b. OTHER HEALTH CARE PROFESSIONALS c. HOSPITALS d. OTHER HEALTH CARE FACILITIES e. TOTAL - ALL MEDICAL MALPRACTICE COMBINED 5. WORKERS' COMPENSATION 6. OTHER LIABILITY <ol style="list-style-type: none"> a. LEGAL MALPRACTICE LIABILITY b. DIRECTORS & OFFICERS LIABILITY c. ALL OTHER PROFESSIONAL LIABILITY (non medical) d. PRODUCT LIABILITY e. MANUFACTURERS AND CONTRACTORS LIABILITY f. POLITICAL SUBDIVISION (non auto) g. TOTAL - OTHER LIABILITY (non auto) 7. PRIVATE PASSENGER AUTO NO-FAULT 8. OTHER PRIVATE PASSENGER AUTO LIABILITY 9. COMMERCIAL AUTO LIABILITY 10. PRIVATE PASSENGER AUTO PHYSICAL DAMAGE 11. COMMERCIAL AUTO PHYSICAL DAMAGE
II. FILING FOR: OTHER INSURANCE CATEGORIES		
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/></div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/></div> </div>	<ol style="list-style-type: none"> 1. MEDICARE SUPPLEMENT INSURANCE
<p>The attached forms are to be used as masters only. They should be duplicated and the category name from above should be entered in the "Filing For:" space provided at top of the form. Company name and Certificate of Authority Number should also be entered at the top of each form filed. Filing categories correspond to Page 14, "EXHIBIT OF PREMIUMS AND LOSSES"; filed in annual statement. Medical Malpractice and Other Liability have been subdivided into several subcategories. You must file a report of each of these subcategories. Amounts entered on forms should reconcile to the amounts reported in your annual statement. Indicate as "Filed" by checking off item, or write "None" if not filed in the column provided on this check list form. The check list must be filed even though you may not have statistical data within the above filing categories. See enclosed instructions for specifics.</p>		
Person Reporting/Title		Telephone

APPENDIX B

STATISTICAL REPORT A - Annual Report of Liability Experience for Calendar Year _____ As Required by Section 41-336A, Idaho Code.
COUNTRYWIDE & IDAHO - LIABILITY EXPERIENCE BY INCURRED YEAR

STATE OF IDAHO - DEPARTMENT OF INSURANCE
700 West State Street
Boise, ID 83720
(208) 334-4250

Company Name: _____ Certificate of Authority Number: _____

Filing For: (Specify Subcategory Type from check list): _____

(This form must be duplicated and submitted for each check list subcategory for which you have liability experience in Idaho.
Check off as "Filed" on check list, column A, for subcategory being submitted.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of Exposures	Direct Premiums		Direct Losses Paid (Exclude LAE Paid)		Change in Reserve Balance Direct Losses Unpaid (Exclude IBNR col 8)		Direct Losses Incurred But Not Reported "IBNR"	[5+7+8] Direct Loss Incurred	Allocated LAE Incurred	Loss Ratio = [(9+10)/3] %
	Written	Earned	Number of Claims	Amounts	Number of Claims	Amounts				
COUNTRY WIDE										
IDAHO ONLY										

Notes:

Information must be typed or printed legibly in ink. Amounts are to be entered in whole dollars. Enclose negative amounts within parentheses. Columns number 7 and 8 above reflect the change in reserve balance (i.e., reserve held at end of year less reserve held at beginning of year). See "Instructions for Compiling Statistical Reports - Form INS840-R52A" for specific instructions. Number of exposures is defined as either the company's count of policies or the company's number of exposures as defined in the statistical plan file with the Idaho Department of Insurance. Please identify which basis has been used by checking the appropriate box below: (See instructions for specifics for reporting Medical Malpractice exposures.)

☐ No. of Policies (or) ☐ Exposures as defined in statistical plan

Person Reporting/Title: _____ Telephone: _____

APPENDIX C

STATISTICAL REPORT A - Annual Report of Experience for Calendar Year _____ As Required by Section 41-336A, Idaho Co

IDAHO ONLY - MEDICARE SUPPLEMENT INSURANCE

STATE OF IDAHO - DEPARTMENT OF INSURANCE
5700 West State Street
Boise ID 83720
(208) 334-4250

Company Name: _____ Certificate of Authority Number: _____

This form is to be used to report Medicare Supplement Insurance experience in Idaho.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Year in Which Premiums Were Earned & Claims Were Incurred	Premiums Earned	Claims Paid	Expenses Paid	Total Claim and Expense Payments = [3+4]	Ratio [5/2] %	Change in Claims Paid	Change in Expenses Paid	Total Claim and Expense Incurred = [5+7+8]	Ratio = [9/2] %
Group Policies	Current Year									
	Previous Year									
	Prior Years Totals									
Non Group Policies (Individual)	Current Year									
	Previous Year									
	Prior Years Totals									

Notes: Information must be typed or printed legibly in ink. Enter amounts in whole dollars. Enclose negative amounts within parentheses. Indicate "Filed" on enclosed check list. If you have no premiums or losses to be reported on this form, indicate "None" on the check list. Medicare supplement policies issued as a result of solicitations of individuals through the mail or mass media advertising, including both print and broadcast advertising, shall be deemed to be individual policies.

For lines other than current year, amounts reported should include claim and expense payments made in prior years as well as claim and expense payments made in current year.

The term expense payments includes all payments for commissions, general insurance expenses, and taxes, licenses and fees. Are they so reported in this statement? ANSWER: _____

Person Reporting/Title: _____ Telephone: _____

APPENDIX D

STATISTICAL REPORT B - Annual Report of Paid Liability Experience for Calendar Year _____ As Required by Section 41-336B, Idaho Code.
IDAHO ONLY - PAID CLAIMS BY INCURRED YEAR

STATE OF IDAHO - DEPARTMENT OF INSURANCE
700 West State Street
Boise ID 83720
(208) 334-4250

Company Name: _____ Certificate of Authority Number: _____

Filing For: (Specify Subcategory Type from check list): _____
(This form must be duplicated and submitted for each corresponding "A" form submitted where: 1) there was an entry on the "Idaho Only" line within the "Director Loss Paid" column, and/or 2) there were closed claims within Idaho not resulting in payment.)

Year	Size of Claim \$ Dollar \$ Reporting Category	Judgments		Settlements		Total Paid Claims		Closed Unpaid Claims	
		Number	Amounts Paid	Number	Amounts Paid	Number	Amounts Paid	Number	LAE Amount
Current Reporting Year	Under \$100,000	N/R	N/R	N/R	N/R				
	\$100,000 to \$499,999								
	\$500,000 to \$999,999								
Previous Reporting Year	Over \$1,000,000								
	Under \$100,000	N/R	N/R	N/R	N/R				
	\$100,000 to \$499,999								
All Years Prior to those Reported Above	\$500,000 to \$999,999								
	Over \$1,000,000								
	Under \$100,000	N/R	N/R	N/R	N/R				
	\$100,000 to \$499,999								
	\$500,000 to \$999,999								
	Over \$1,000,000								
Grand Total									

Note: Information must be typed or printed legibly in ink. Amounts are to be entered in whole dollars. Enclose negative amounts within parentheses. N/R indicates not required. You are not required to report within the Judgments and Settlements columns for claims under \$100,000. See "Instructions for Completing Statistical Reports - Form INS840-R52B" for specific instructions. Settlements are losses paid prior to judgment. Judgments are losses paid subsequent to the entry of judgment. Closed Unpaid Claims are claims closed without a payment. Amounts Paid should be actual settlement or judgment amount and not include LAE amounts. Separate LAE amounts into amounts spent in reaching judgments and/or settlements and that spent on claims resulting in no payment. Put these LAE amounts in the specific columns above.

Person Reporting/Title: _____ Telephone: _____