

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 delineation 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)_____