

Rule Seven Revision Comparison

Current Synopsis

Item 1

Rule 7. Self Insurers (a)

Has always been thought to be for individual, and may, be applied to groups

Item 2

(a)5th Paragraph

Security to be tied to the Commission

Item 3

~ 8th Paragraph

Calls for a financial reporting

Item 4

(B) Group Self Insurers.

Section 2.

Speaks to qualifications in (a) and what was needed to obtain and maintain Certificate of Authority in (b)

Item 5

Section 4 - Board of Trustees:

Membership, Powers, Duties, prohibition

A. (1) Calls for segregation of claim

Proposed Revision

Item 1

Clearly defines **(A)** to be for ALL self insurers- group or individual

Ties security to the appropriate guaranty fund or the Commission

Adds that an actuarial report will be performed every three years, by a bonafide actuary.

In the new format, a. speaks to qualifying and obtaining a new certificate of insurance. A new group must show cause as to why it is needed and now will pay a \$5,000 application fee. In (b) the financial and actuarial reporting requirements are now spelled out; along with rating plans, and others which must be filed and approved in order to continue. Also added are actuarial rate analysis (unless relieved by the Commission) and class code approval. Note: Net worth requirement is dropped.

Eliminates need for separate accounts,

account and administrative account.

Item 6

**Section 5 - Group Membership;
Termination and Liability.**

(B) Individual members..... does not speak to outstanding debt (premium or assessments)

but maintains 30-70% rule.

prohibits former group members from joining another group if they owe undisputed outstanding premium or assessments.

Item 7

Section 6. Service Companies

In (B) calls for all claims to be handled to their conclusion by the SC.

Adds in (A) that all contracts shall be available to the Commission and eliminates (B), which is no longer an appropriate requirement.

Item 8

Section 7. Financial Statements...

(A)Calls for financial and actuarial reporting.

Eliminated, now redundant given **Item 4 changes.** (B) Now gives requirements for date reporting (templates).

Item 9

Section 12 - Revocation and Non-Renewal of Certificate of Authority

(C) does not exist

(C) Clarifies that the Commission is responsible for regulation until all claims are paid.

DRAFT REWRITE OF GENERAL RULE 7

(A.) SELF-INSURERS – GENERAL PROVISIONS. Any employer or group of employers desiring to qualify as self-insured and carry its own risk under the provisions of section 71-3-75 of the Act shall make application on a form provided by the Commission, and shall be required to reply fully to all inquiries made thereon.

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In no event shall an application for self-insurance be approved unless the applicant is willing and able to furnish adequate security for the payment of its obligations under the Act, and the type and amount of such security shall be determined by the Commission and in no event shall be less than \$100,000.00 unless otherwise ordered by the Commission. Each application will be considered upon its merits with strict regard to the hazards involved and the financial strength of the applicant.

No record or any information concerning the solvency and financial ability of any applicant for self-insurance, and no other information which is deemed confidential by other provisions of law, which is acquired by the Commission shall be subject to public inspection, nor shall any such information be divulged by the Commission unless consented to by the applicant or pursuant to subpoena or by order of a court of competent jurisdiction.

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Upon approval of any application submitted hereunder, the Commission may continually monitor the financial status of the self-insured, and may require, at the expense of the self-insured, periodic financial, actuarial or other such audits, statements or reports as the Commission deems necessary to ensure that the financial status of the self-insured remains satisfactory, and that its liabilities remain adequately funded, and that its obligations under the compensation law are being promptly met. So long as there is no accumulation of accrued benefits or other circumstances concerning the self-insured which are sufficient, in the Commission's sole determination, to cause doubt as to the self-insured's ability to satisfy its continuing obligations under the Law, then there shall be no effort to require further bond or posted securities, or terminate the certificate of authority to act as a self-insured. However, the Commission reserves the right to require further or additional security from the self-insured or to institute proceedings requiring the self-insured to show cause, if any, why its certificate of authority to act as a self-insured should not be terminated when, in the Commission's discretion, such action is warranted.

~~In the event an employer, who is or had been a self-insurer pursuant to the proper provisions of the Act and the Commission's rules, later ceases to be a self-insurer or secures coverage through a properly licensed Workers' Compensation Insurance writer, † The security posted or the indemnity bond held by the Commission shall be and is held, and firmly bound, to for the benefit of, as applicable, the Mississippi Workers' Compensation Commission, the Mississippi Workers' Compensation Commission Individual Self-insurer Guaranty Association, or the Mississippi Workers' Compensation Group Self-Insurer Guaranty Association, of the State of Mississippi ("Individual Association" or "Group Association") as security for the payment of the self-insured's covered claims and other obligations under the Law; for the expenses incurred by either Association, as applicable, in evaluating, adjusting, defending, or settling the self-insured's covered claims; and for any assessment made against the self-insured~~

pursuant to the Guaranty Association Act, Miss. Code Ann. §71-3-151 – 181 (Rev. 2000). The security posted or the indemnity bond held by the Commission shall also be for the benefit of the Commission to the extent of any assessment made against the self-insurer pursuant to the applicable provisions of the Act. Any bond or other security held by the Commission shall not be returned to self-insurer or released any earlier than at least one (1) year after the last known claim against such self-insurer has been closed in accordance with the provisions of the Act.

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All self-insurers are required to furnish the Commission safety reports on an average of once every ninety (90) days. Such reports are to be made by a safety engineer, or some other experienced party competent to make safety surveys and reports.

All self-insurers must also submit to the Commission a statement of financial condition audited by an independent certified public accountant on or before the last day of the sixth month following the end of the self-insurers' fiscal year.

Additionally, every three years every self insurer must submit, from a Member of the American Academy of Actuaries or other Commission approved qualified loss reserve specialist, which a statement which shall include, but not be limited to, the amount of actuarially appropriated reserves for (1) known Mississippi claims and expenses associated therewith, and (2) Mississippi claims incurred but not reported and expenses associated therewith, which reserves shall be shown as liabilities.

All applications for the right of self-insurance are granted upon the express condition that said self-insurers file promptly and completely all reports required of them by the Commission.

Any applicant for self-insurance not approved by the Commission shall be given fifteen (15) days from the date of notice of rejection to procure other insurance coverage which satisfies the requirements of the Act.

(B) GROUP SELF-INSURERS.

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Section 1. Authority to Act as a Workers' Compensation Self-Insurance Group. No person, association or other entity shall act as a workers' compensation self-insurance group unless it has been issued an annual certificate of authority by the Mississippi Workers' Compensation Commission. Such certificate of authority must be renewed annually on or before the anniversary date of the original award of group self insurance.

Section 2. Qualifications for Initial Approval and Continued Authority to Act as a Workers' Compensation Group.

a. Before a group may file an application seeking authority to act as a self-insurer, they must demonstrate the need to form such a group to the satisfaction of the Commission. The potential group must show cause as to why a new group should be approved. This may be through written presentation, oral, or both, at the direction of the Commission. Once the Commission approves the demonstration of need to form a group, the proposed self-insurance group shall file with the Commission its application for a certificate of approval

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accompanied by a non-refundable filing fee in the amount of ~~\$200.00~~ \$5,000. The application shall include but not be limited to the group's name, location of its principal office, date of organization, name and address of each member, together with the following:

- _____ (1) A copy of the articles of association, if any;
- _____ (2) A copy of the bylaws of the proposed group;
- _____ (3) A copy of agreements with the administrator and with any and all service companies;
- _____ (4) A copy of the agreement between the group and each member securing the payment of workers' compensation benefits, which shall include provisions for payment of assessments as provided by Law;
- _____ (5) Designation of the initial board of trustees and administrator;
- _____ (6) The address in this State where the books and records of the group will be maintained;
- _____ (7) A pro-forma financial statement and any other documents required by the Commission on forms acceptable to the Commission showing the financial ability of the group to pay workers' compensation obligations of its members;
- _____ (8) Proof of payment to the group by each member of not less than 25% of that member's first year of estimated annual premium as defined by the Commission on a date prescribed;
- _____ (9) Public groups must submit authorization from the governing authorities of each proposed member allowing participation in such a group self-insurance program with other political subdivisions or state agencies, boards, commissions or other public entities.
- _____ (10) Rates, Rating Plans, (including all rating elements and formulas, e.g., experience rating factors, discounts, Schedule Rating Plans, etc.) and classes of business to be written must be submitted for, and approved by the Commission, prior to a certificate of authority being issued. If a group wishes to follow the National Council on Compensation Insurance for all rating plans and procedures, only rates and classes will have to be submitted for approval and the group is exempt from Section 4(a)(1).

b. ~~To obtain and~~ maintain its certificate of approval for group self-insurance the group must comply with the following provisions and supply the following items to the Commission:

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- _____ (1) A combined net worth of all members of at least \$1,000,000.00;
- _____ (1) Each group shall submit to the Commission a statement of financial condition audited by an independent certified public accountant, approved by the Commission, on or before the last day of the sixth month following the end of the group's fiscal year. The financial statement shall include, but not be limited to, actuarially appropriated reserves for (a) known claims and expenses associated therewith, (b) claims incurred but not reported and expenses associated therewith, (c) unearned premiums and (d) bad debt, which reserves shall be shown as liabilities.

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- _____ (2) An actuarial opinion regarding reserves for (a) claims and expenses associated therewith and (b) claims incurred but not reported and expense associated therewith shall be submitted to the Commission. included in the audited financial statement.

(3) Unless relieved by the Commission, an actuarial rate analysis will be performed annually and presented to the Commission not later than the last day of the sixth month following the end of the group's fiscal year. This analysis will include all classes to be written by the group which must be approved by the Commission at least annually. The Commission will endeavor to approve rate filings within ninety days, so that the group will have ninety days in order to implement any and all approved changes.

The actuarial opinions and rate analysis shall be given by a Commission-approved Member of the American Academy of Actuaries or other Commission-approved qualified loss reserve specialist as defined in the annual statement adopted by the National Association of Insurance Commissioners, or any other qualified entity approved by the Commission.

_____ (4) Security against unpaid claims in case of insolvency as prescribed by the Commission which shall be provided by either a surety bond, financial security endorsement, guaranty agreement, or such other security as may be required by the Commission, continued membership and payment into the self insurance guaranty fund in an amount specified by the Commission, or any combination thereof. The Commission may adjust from time to time the requirements for the amount of security based on differences among groups in their size, types of employment, years in existence, financial status or other relevant factors;

_____ (5) Specific and/or aggregate excess insurance in a form and in an amount by an insurance company acceptable to the Commission;

_____ (6) An indemnity agreement jointly and severally binding the group and each member thereof to meet the workers' compensation obligations of each member. The indemnity agreement shall be in a form prescribed by the Commission;

_____ (7) A fidelity bond for the administrator in a form and amount ~~prescribed~~ by acceptable to the Commission.

3. Examinations. The Commission may examine the affairs, transactions, accounts, records, assets and liabilities of each group as often as the Commission deems advisable. The expenses of such examinations shall be assessed against the group.

4. Board of Trustees: Membership, Powers, Duties, Prohibition. Each group shall be operated by a board of trustees which shall consist of not less than five persons whom the members of a group elect for stated terms of office. At least two-thirds of the trustees shall be employees, officers, or directors of members of the group. The group's administrator, service company or any owner, officer, employee of, or any person affiliated with such administrator or service company shall not serve on the board of trustees of the group. All trustees shall be residents of the state of Mississippi or officers of corporations authorized to do business in the state of Mississippi. The board of trustees of each group shall ensure that all claims are paid promptly and take all necessary precautions to safeguard the assets of the group.

_____ a. The board of trustees shall: _____

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_____ (1) Maintain responsibility for all monies collected or disbursed from the group. ~~and segregate all monies into a claims fund account and an administrative fund account.~~ Unless otherwise required by the Commission at least 70% of the premium as determined by the

Commission shall be placed into a designated depository for the sole purpose of paying claims, allocated claims expenses, reinsurance or excess insurance, and special fund contributions, including second injury and other loss related funds. ~~This shall be called the claims fund account.~~ The remaining net premium shall be placed into a designated depository for the payment of taxes, general regulatory fees, and assessments, and administrative costs. ~~This shall be called the administrative fund account.~~ The Commission may approve an administrative fund account of more than 30% and a claims fund account of less than 70% only if the group shows to the Commission's satisfaction that (a) more than 30% is needed for an effective safety and loss control program or (b) the group's aggregate excess insurance attaches at less than 70%;

_____ (2) Maintain minutes of all board meetings and make such minutes available to the Commission;

_____ (3) Designate an administrator to carry out the policies established by the board of trustees, provide day to day management of the group, and delineate in the written minutes of its meetings the areas of authority it delegates to the administrator;

_____ (4) Retain an independent certified public accountant to prepare the statement of financial condition as required by the Commission.

_____ (5) Will adopt and be responsible for maintaining an investment policy which will permit no more than 30% of investments in equities, unless otherwise approved by the Commission.

_____ b. The board of trustees shall not:

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_____ (1) Extend credit to individual members for payment of a premium except pursuant to payment plans approved by the Commission;

_____ (2) Borrow any monies from the group or in the name of the group except in the ordinary course of business, without first advising the Commission of the nature and purpose of the loan and obtaining prior approval from the Commission.

5. Group Membership; Termination and Liability

_____ a. An employer joining a workers' compensation self-insurance group after the group has been issued a certificate of approval shall (1) submit an application for membership to the board of trustees or its administrator and (2) enter into the indemnity agreement required by this Rule. Membership takes effect no earlier than each members' date of approval. The application for membership and its approval shall be maintained as permanent records of the board of trustees.

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_____ b. Individual members of a group shall be subject to cancellation by the group pursuant to the by-laws of the group. In addition, individual members may elect to terminate their participation in the group. The group shall notify the Commission of the termination or cancellation of a member within ten (10) days and shall maintain coverage of each canceled or terminated member for thirty (30) days after such notice, at the terminating member's expense, unless the group is notified sooner that the cancelled or terminated member has procured workers' compensation insurance, has become an approved individual self-insurer, or has become a member of another group. The Commission may terminate any member of a group.

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Any member that owes undisputed premium or assessment to a group will be prohibited from joining any other self insurance groups or becoming self insured until such debt is paid.

~~_____ c.~~ The group shall pay all workers' compensation benefits for which each member incurs liability during its period of membership. A member who wishes to terminate its membership or is canceled by a group remains jointly and severally liable for workers' compensation obligations of the group and its members which were incurred during the canceled or terminated member's period of membership.

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~~_____ d.~~ A group member is not relieved of its workers' compensation liabilities incurred during its period of membership except through payment by the group or the member of required workers' compensation benefits.

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~~_____ e.~~ The insolvency or bankruptcy of a member does not relieve the group or any other member of liability for the payment of any workers' compensation benefits incurred during the insolvent or bankrupt member's period of membership.

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6. Service Companies.

~~_____ a.~~ No service company or its employees, officers or directors shall be an employee, officer, or director of, or have either a direct or indirect financial interest in, an administrator. No administrator or its employees, officers or directors shall be an employee, officer or director of, or have either a direct or indirect financial interest in, a service company. All contracts shall be made available to the Commission upon request.

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~~(B) The service contract shall state that unless the Commission approves otherwise the service company shall handle, to their conclusion, all claims and their obligations incurred during the contract period.~~

7. Financial Statements and Other Reports.

~~(A) Each group shall submit to the Commission a statement of financial condition audited by an independent certified public accountant on or before the last day of the sixth month following the end of the group's fiscal year. The financial statement shall include, but not be limited to, actuarially appropriated reserves for (1) known claims and expenses associated therewith, (2) claims incurred but not reported and expenses associated therewith, (3) unearned premiums and (4) bad debt, which reserves shall be shown as liabilities. An actuarial opinion regarding reserves for (1) claims and expenses associated therewith and (2) claims incurred but not reported and expense associated therewith shall be included in the audited financial statement. The actuarial opinion shall be given by a member of the American Academy of Actuaries or other qualified loss reserve specialist as defined in the annual statement adopted by the National Association of Insurance Commissioners, or any other qualified entity approved by the Commission.~~

~~a.(B)~~ The Commission may prescribe the format and frequency of other reports which may include, but shall not be limited to, payroll audit reports, summary loss reports, and quarterly financial statements.

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~~b.~~ The Commission may also prescribe that information be submitted in a data form to the Commission so that the Commission may prepare its own reports and to satisfy oversight responsibility. In any case, non cooperation, incomplete or improper submissions may result in hearing for revocation.

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8. Rates and Reporting of Rates.

~~(A)~~ Subject to the approval of the Commission, the premium contributions may be reduced by an advance premium discount reflecting the group's expense levels and loss experience.

~~a.(B)~~ Each group shall be audited at least annually, unless relieved by the Commission, and by an auditor acceptable to the Commission to verify proper classification, experience rating, payroll and rates. A report of the audit shall be filed with the Commission. A group or any member thereof may request a hearing and review by the Commission on any objections to the classifications, experience rating, payroll or rates. The Commission may, in its discretion, convene a hearing for such purpose or consider the request without a formal hearing. If the Commission determines that as a result of an improper classification, a member's premium is insufficient, the Commission may order the group to assess that member an amount equal to the deficiency. If the Commission determines that as a result of an improper classification a member's premium is excessive the Commission may order the group to refund to the member the excess collected. The Commission may grant such other relief as may be appropriate under the circumstances. The audit shall be at the expense of the group.

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9. Refunds.

~~a.~~ Any monies for a fund year in excess of the amount necessary to fund all obligations for that fund year may be declared to be refundable by the board of trustees with the approval of the Commission and be payable not less than twelve (12) months after the end of the fund year for which such refund has been approved.

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~~b.~~ Each member shall be given a written description of the refund plan at the time of application for membership. A refund for any year shall be paid only to those employers who remain participants in the group for the entire fund year for which such refund has been approved. However, payment of a refund based on a premium fund year shall not be contingent on continued membership in the group after that fund year for which such refund has been approved.

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10. Payment of Premium-Reserves.

~~a.~~ Each group shall establish to the satisfaction of the Commission a premium payment plan which shall include (1) an annual payment by each member of at least 25% of that

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member's annual premium before the start of the group's fund year and (2) payment of the balance of each member's annual premium in monthly or quarterly installments.

~~(B) Each group shall establish and maintain actuarially appropriate reserves which shall include reserves for (1) known claims and expenses associated therewith and (2) claims incurred but not reported and expenses associated therewith.~~

~~(C) b. Each group shall establish and maintain bad debt reserves based on the historical experience of the group or other groups.~~

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11. Deficits and Insolvencies.

~~a. If the assets of a group are at anytime found by the Commission to be insufficient to enable the group to discharge its legal liabilities and other obligations and to maintain the reserves required of it under the Mississippi Workers' Compensation Act and the provisions herein, it shall forthwith make up the deficiency or levy an assessment upon its members for the amount needed to make up the deficiency.~~

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~~b. In the event of a deficiency in any fund year, such deficiency shall be made up immediately, either from (1) surplus from a fund year other than the current fund year, (2) administrative funds, (3) assessments of the membership, if ordered by the group or the Commission, or (4) such alternate method as the Commission may approve or direct. The Commission shall be notified prior to any transfer of surplus funds from one year to another.~~

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~~c. The Commission may deem a group insolvent if:~~

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it fails to make and collect the assessments to overcome recognized

~~(2) it is unable to pay its outstanding lawful obligations as they mature in the regular course of business, as may be shown either by an excess of its required reserves and other liabilities over its assets or by its not having sufficient assets to reinsure all of its outstanding liabilities after paying all accrued claims owed by it.~~

The Commission shall levy an assessment upon the members of an insolvent group sufficient to discharge all liabilities of the group, including the reasonable cost of liquidation.

12. Revocation and Non-Renewal of Certificate of Authority.

~~a. After notice and opportunity for a hearing, the Commission may revoke a group's certificate of approval or authority if (1) it is found to be insolvent, (2) fails to pay assessments, fines, or other payments imposed upon it, (3) fails to comply with any of the provisions of the Mississippi Workers' Compensation Act or rules promulgated thereunder, (4) any certificate of approval that was issued to the group was obtained by fraud, (5) there was a material misrepresentation in the application for the certificate of approval, (6) the group or its administrator has misappropriated, converted, illegally withheld, or refused to pay over upon proper demand any monies that belong to a member, or employee of a member, or a person~~

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otherwise entitled thereto and that may have been entrusted to the group or its administrator in its fiduciary capacities, or (7) for other good cause.

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b. Non-renewal of the annual certificate of authority shall be at the discretion of the commission and shall not require a hearing.

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c. Any group which ceases to act as a self insurer shall remain subject to regulation by the Commission until such time as all claims are paid and an appropriate amount of time, as determined by the Commission, has passed to insure that no additional liability under the Act will be incurred. This rule applies whether the privilege of self insurance has been surrendered voluntarily, or has been lost through non-renewal, revocation or other act or occurrence. During this time of continuing regulatory oversight by the Commission, all reports required by the Commission will continue to be submitted by the group as will any additional reports required by the Commission. The Commission maintains the ultimate responsibility for regulation throughout said process up to and including the installation of a new group if the Commission so warrants, or final dissolution.

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13. Definitions.

a. "Administrator" means an individual, partnership or corporation engaged by a workers' compensation self-insurance group's board of trustees to carry out the policies established by the group's board of trustees and to provide day to day management of the group.

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b. "Commission" means the Mississippi Workers' Compensation Commission.

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c. "Service Company" means a person or entity which provides services not provided by the administrator, including but not limited to, (1) claims adjustment, (2) safety engineering, (3) compilation of statistics and the preparation of premium, loss and tax reports, (4) preparation of other required self-insurance reports, (5) development of members' assessments and fees, and (6) administration of a claim fund.

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MWCC CLASS CODE APPROVAL FORM (MWCC-HP12/v.3.0/7.17.2007)

NAME OF GROUP SELF INSURANCE FUND:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

DATE SUBMITTED:

PROPOSED EFFECTIVE DATE:

_____ Group Self Insurance Fund (SIF), upon prior signed approval by the MS Workers' Compensation Commission (MWCC), understands that the MWCC grants it the non-exclusive authority to underwrite the classifications and class codes specified by the following listings. The Group Self Insurance Fund further acknowledges that any other classifications or class codes that it may wish to underwrite will be submitted to the MWCC on Form MWC-HP5 and approved in writing by the MWCC prior to use. The SIF further agrees with the MWCC that it will only use rates and rating plans as per the latest approved or subsequently approved MWCC rate filing for the following submitted classifications.

1 (Y/N) SIF - Exclusive Use of NCCI Class Codes using NCCI Manual edition date:

2 If 1 above "No", provide details of system used, development and why. variance with NCCI. Use Separate Sheet,

3 LIST OF ALL (PREMIUM) GOVERNING CLASS CODES PROPOSED TO BE USED BY THE SIF:
(Attach Separate Sheet if Necessary)

Class Code	Description
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4 LIST OF ALL OTHER (Non Governing) CLASS CODES PROPOSED TO BE USED BY THE SIF:
(Attach Separate Sheet if Necessary)

Class Code	Description
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SUBMITTED BY & DATE:

ACCEPTED BY MWCC, DATE & EFFECTIVE DATE

SELF INSURANCE FUND:

VALUATION DATE:

1) Do not include any XS or Reinsurance Recoverables on this Exhibit other than SXS and AXS.
 2) If any other recoverables other than SXS & AXS - Attach Separate Detail FY Exhibit with Full Explanation/Notes.

FY	Inception	FY	Expiration	Earned Payroll	Gross Loss Paid	Gross Case Loss Unpaid	Gross Case Loss Incurred	SXS Recover Paid	SXS Recover Unpaid	SXS TOTAL Loss	Net of SXS Loss Paid	Net of SXS Loss Unpaid	Net of SXS Case Loss Incurred	Selected Net IBNR	Net of SXS Ultimate	SXS SIR
1																
2																
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TOTAL	xxx		xxx		-	-	-	-	-	-	-	-	-	-	-	xxx

TOTAL NET (SXS & AXS) UNPAID CASE LOSS + SELECTED NET IBNR RESERVE (Un-discounted):
 TOTAL NET (SXS & AXS) UNPAID CASE LOSS + SELECTED NET IBNR RESERVE (Discounted):

"LOW"	"Mid-Point"	"HIGH"
	-	
	-	

ACTUARY
 ADDRESS
 SIGNATURE:
 DATE:

FY #	Ultimate Net/SXS Loss	AXS Loss Paid	AXS Loss Unpaid	AXS Loss Incurred	Net sxs/sxs		Total Reported Count	Selected Unreported Count	Total Ultimate Count	Open Claim Count	Lost Time Count	Open Lost Time Count	Open Med Only Count	SXS Count	Other SXS Retention	Discount Amount
					TOTAL ULTIMATE LOSS	LOSS										
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Discount Rate:

NOTES:

Actuarial Report ITD Un-discounted Ultimate Net Incurred
 Actuarial Report ITD Discounted Ultimate Net Incurred
 HP-1 ITD P & L Ultimate Net Incurred Un-discounted
 Latest HP-1 ITD P & L Ultimate Net Incurred Discounted

0
0

P & L	HP-1 Match with Discounted
INCURRED LOSS	HP-1 Match with UN-Discounted
	xxx
	xxx

Actuarial Report ITD Un-discounted Total Ultimate Reserves
 Actuarial Report ITD Amount of Discount
 Actuarial Report ITD Discounted Total Ultimate Reserves
 Balance Sheet Total Claim/Loss Reserves

(enter from Bal Sh)

BALANCE SHEET Match with Discounted
 RESERVES: Match with UnDiscounted

LT #	1st Report	2nd Report	3rd Report	4th Report	5th Report	6th Report	7th Report	8th Report	9th Report	10th Report	11th Report	12th Report	13th Report	10th Develop
1														
2														
3														
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16														
17														
18														
19														
20														

HISTORICAL ULTIMATE CLAIM COUNT

TOTAL DEVELOPMENT:

TOTAL COUNT DEVELOPMENT:

Report to Report FY Development Amount

FY #	1st Report	1st to 2nd Report	2nd to 3rd Report	3rd to 4th Report	4th to 6th Report	5th to 6th Report	6th to 7th Report	7th to 8th Report	8th to 9th Report	9th to 10th Report	10 to 11th Report	11th to 12th Report	12th to 13th Report
1	xxx	0	0	0	0	0	0	0	0	0	0	0	0
2	xxx	0	0	0	0	0	0	0	0	0	0	0	0
3	xxx	0	0	0	0	0	0	0	0	0	0	0	0
4	xxx	0	0	0	0	0	0	0	0	0	0	0	0
5	xxx	0	0	0	0	0	0	0	0	0	0	0	0
6	xxx	0	0	0	0	0	0	0	0	0	0	0	0
7	xxx	0	0	0	0	0	0	0	0	0	0	0	0
8	xxx	0	0	0	0	0	0	0	0	0	0	0	0
9	xxx	0	0	0	0	0	0	0	0	0	0	0	0
10	xxx	0	0	0	0	0	0	0	0	0	0	0	0
11	xxx	0	0	0	0	0	0	0	0	0	0	0	0
12	xxx	0	0	0	0	0	0	0	0	0	0	0	0
13	xxx	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	xxx	0	0	0	0	0	0	0	0	0	0	0	0

0

MWCC RATE FILING FORM (MWCC-HP10a/v.3.0/7.17.2007 - PAGE 1):

Do Not Copy or Duplicate Without Permission of Holmes-Pollan, LLC, Jackson, MS

NAME OF GROUP SELF INSURANCE FUND (SIF):

DATE: **CONTACT NAME:** **PHONE:** **EMAIL:**

CURRENT & PROPOSED RATING INFORMATION

		CURRENT	PROPOSED
1	SIF FUND YEAR INCEPTION (xx/xx):	<input style="width: 60px;" type="text"/>	xxx
2	FILING EFFECTIVE DATE REQUESTED (xx/xx/xxxx):	xxx	<input style="width: 60px;" type="text"/>
3	DATE MOST RECENT RATE FILING APPROVED BY MWCC:	<input style="width: 60px;" type="text"/>	xxx
4	USUAL EMPLOYERS' LIABILITY LIMITS OF LIABILITY:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
5	MAXIMUM EMPLOYERS' LIABILITY LIMITS OF LIABILITY:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
6	NCCI EMPLOYERS' LIABILITY INCREASE LIMIT FACTORS USED?	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
7	NCCI MEMBER: (Y/N) (type?????)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
8	DATA FILED WITH NCCI? (Y/N)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
9	NCCI EXPERIENCE MOD RECEIVED/USED - ANNUALLY? (Y/N)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
10	NCCI RATE EDITION DATE (xx/xx/xxxx):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
11	NCCI RULE EDITION DATE (xx/xx/xxxx):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
12	USE ALL LATEST NCCI MANUAL RATING RULES (Y/N):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
13	USE ALL LATEST MS NCCI MANUAL EXCEPTIONS (Y/N):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
14	<i>Detail any differences with latest NCCI Rating Rules & MS Exceptions (attach sheet if necessary) - (Including premium computation algorithm to be used):</i>		
15	LOSS COST MULTIPLIER (See Full Rate form for Expiring)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
16	NCCI PREMIUM DISCOUNT TABLE:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
17	EXPENSE CONSTANT:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
18	MAXIMUM SCHEDULE CREDIT %	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
19	MAXIMUM SCHEDULE DEBIT %:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
20	ALL OTHER CREDITS MAXIMUM (% Modified Manual):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
21	ALL OTHER DEBITS MAXIMUM (% Modified Manual):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
22	TOTAL MAXIMUM CREDIT (18 + 20)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
23	TOTAL MAXIMUM DEBIT (19 + 21)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
24	Indicated % Manual Rate Change (undiscounted)	xxx	<input style="width: 60px;" type="text"/>
25	Indicated % Manual Rate Change (discounted)	xxx	<input style="width: 60px;" type="text"/>
26	INDICATED TOTAL BOOKWIDE CREDIT/DEBIT TO MODIFIED MANUAL (Before Any Per Account Deductible/Retention):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
27	INDICATED TOTAL BOOKWIDE CREDIT/DEBIT TO MODIFIED MANUAL (After Any Per Account Deductible/Retention):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
28	INDICATED FINAL CHARGED BULK RATE (Before Any Per Account Deductible/Retention):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
29	INDICATED FINAL CHARGED BULK RATE (After Any Per Account Deductible/Retention):	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

30 If individual per account Deductibles or Retentions of any kind are used or to be used by the fund, (Complete MWCC - HP10b below).

Individual Per account Deductibles or Retentions used?

31 Average Producer Commission % (Latest FY & Proposed)
32 Maximum Producer Commission % (Latest FY & Proposed)

MWCC RATE FILING - CALCULATION OF SIF LOSS COST MULTIPLIER:

- I Line(s), Subline(s), Coverage(s), Territory, Class combination to which this filing applies:
 - A. (Y/N) Mississippi Workers' Compensation & Employers Liability Only.
 - B. (Y/N) Any Other Line(s), Subline(s), Coverage(s), Territory(s), Jurisdiction(s) - If Yes, specify.
 - C. LIST NCCI Class Codes To Be Used - with MWCC Approval Date (attach separate list):
 - D. List Any Non-NCCI Class Codes to be Used - with MWCC Approval Date: (attach separate list):
- II - A (Y/N) Without Modification to Most Recent NCCI MS Loss Cost Manual Rates. (factor = 1.000)
 (Y/N) With the Following Loss Cost Modification to the Most Recent NCCI MS Loss Cost Manual Rates

II - B Loss Cost Modification Expressed as a Factor: (Complete LC Mod Form HP10c)
 (From Form MWCC-HP10c)

III Development of Expected Loss Ratio:
 (% of FY Earned Premium Collected)

SIF FY Expense History

	Projected	Expiring	1st Prior	2nd Prior	3rd Prior
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
TOTAL EXPENSE	0.00%	0.00%	0.00%	0.00%	0.00%

- IV - A Expected Loss Ratio: (ELR = 100% - III p)
- IV - B ELR in decimal form =
- IV - C Total Expense (III p) divided by ELR (IV B) + 1 - Formula before II - B
- V SIF Formula Loss Cost Multiplier (II B div IV B) with II-B adjustment
- VI SIF Selected Loss Cost Multiplier (LCM). From K-15 above auto complete

- VII-a Difference Before II-B modification
- VII-b Difference net of if II-B modification (6-5):

VIII OTHER:

- A Complete MWCC Loss Cost Modification Comparison & Analysis Form (MWCC-HP10c to compute II-B indicated rate experience factor).
- B Attach latest FY Financial Exhibit (MWCC-HP1a) and Actuarial Exhibit (MWCC-HP2) filed with MWCC.
- C Attach latest Class Code Approval Form (MWCC-HP12) Accepted by MWCC:
- D If Non-NCCI or Non-Loss Cost Rates Requested - Complete and Attach MWCC Implied LCM Comparison Form (MWCC-HP10d).

E IF NCCI (Prepared) EXP MOD NOT USED - ATTACH FACTOR DETAILS & (BULK) COMPARISON

MWCC RATE FILING FORM (MWCC-HP10a/v 3.0/7.17.2007 - PAGE 3):

F If deductible to be used complete 10b below.

ACTUARIAL CONFIRMATION OF ALL OF THE ABOVE RATE FILING SUMMARY INFORMATION?
(Attach Actuarial Report - If Available)

IF 33 YES - ACTUARY ATTEST ABOVE & ATTACH REPORT:

_____	Actuary Signature
_____	Actuary Name Print
_____	Actuarial Firm Name
_____	Actuarial Firm Address
_____	Actuarial Firm Phone
_____	Actuarial Firm email

ATTEST:	Signature	Date	Signature	Date	Signature	Date
----------------	-----------	------	-----------	------	-----------	------

TRUSTEES:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADMINISTRATOR: _____ Date _____

(See 10b below - Line 192)

0
0

28	PER ACCOUNT CLAIM/ACCIDENT/OCCURRENCE DEDUCTIBLE DETAIL:																																															
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;"><u>Deductible Amount</u></th> <th style="width: 15%; text-align: center;"><u>Credit</u></th> <th style="width: 10%; text-align: center;"><u>Y/N NCCI</u></th> <th style="width: 10%; text-align: center;"><u>Y/N *Collateral</u></th> </tr> </thead> <tbody> <tr> <td>CURRENT:</td> <td></td> <td></td> <td></td> <td style="text-align: right;">1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">4</td> </tr> <tr> <td>PROPOSED:</td> <td></td> <td></td> <td></td> <td style="text-align: right;">1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">4</td> </tr> </tbody> </table>		<u>Deductible Amount</u>	<u>Credit</u>	<u>Y/N NCCI</u>	<u>Y/N *Collateral</u>	CURRENT:				1					2					3					4	PROPOSED:				1					2					3					4		
	<u>Deductible Amount</u>	<u>Credit</u>	<u>Y/N NCCI</u>	<u>Y/N *Collateral</u>																																												
CURRENT:				1																																												
				2																																												
				3																																												
				4																																												
PROPOSED:				1																																												
				2																																												
				3																																												
				4																																												
	*Describe Per Claim Collateral Detail:																																															
	Other Deducible Details or Exceptions to NCCI:																																															
29	DESCRIBE ANY PER ACCOUNT AGGREGATE DEDUCTIBLE/RETENTION USED INCLUDING DETAILS OF COLLATERALIZATION:																																															
	CURRENT:																																															
	PROPOSED:																																															
30	PER ACCOUNT CLAIM/ACCIDENT/OCCURRENCE DEDUCTIBLE AMOUNTS RECEIVABLE DETAIL (Before Collateral):																																															
		<u>TOTAL</u>	<u>OVER 90</u>																																													
	Current FY																																															
	1st Prior FY																																															
	2nd Prior FY																																															
	3rd Prior FY																																															
	Any other Prior Fys																																															
31	PER ACCOUNT AGGREGATE DEDUCTIBLE/RETENTION AMOUNTS RECEIVABLE DETAIL (Before Collateral):																																															
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	2nd Prior FY																																															
	3rd Prior FY																																															
	Any other Prior Fys																																															
32	NUMBER OF MEMBER/ACCOUNTS WITH ANY KIND OF DEDUCTIBLE OR RETENTION:																																															
		<u>NUMBER</u>																																														
	Current FY																																															
	1st Prior FY																																															
	2nd Prior FY																																															
	3rd Prior FY																																															
	4TH Prior FY																																															
	5th Prior FY																																															

ADMINISTRATOR: _____ Date _____

A	B	C	D	E	F
1	GROUP SIF MWCC FUND YEAR FINANCIAL REPORTING EXHIBIT	Calendar Year Investment Income - No Allocation			
2	MWCC-HP1a				
3					
4	GROUP SELF INSURANCE FUND NAME:	Mississippi Comp Choice Self Insurers' Fund			
5	ALL PRIOR FYS PERIOD	From:	7/1/1994	To:	6/30/1995
6	LATEST (EXPIRING) FY REPORTING PERIOD	From:	7/1/2005	To:	6/30/2006
7					
8		FY END	1997	1998	1999
9		All Prior	10th Prior	9th Prior	8th Prior
10		FYs	FY	FY	FY
11	Written Premium Contributions	4,264,114	1,725,570	1,764,483	1,586,669
12	Unearned Premium				
13	Earned Premium Contributions	4,264,114	1,725,570	1,764,483	1,586,669
14					
15	Payroll Expense				
16	All Third Party Admin Expense ((U/W, Claims (ULAE) Safety, Audit))	804,021	343,908	360,375	346,474
17	ULAE Future Expense Accrual				
18	Direct SIF Loss Control Expense				
19	Earned Producers Commission				
20	MWCC Second Injury Fund & Other Assesments Paid		13,875	23,192	13,370
21	MWCC Second Injury Fund & Other Assessment Accrued				
22	All Payments to Sponsoring Association(s)				
23	All Other SIF Expense	128,599	61,549	81,800	67,100
24	Total Expense	932,620	419,332	465,367	426,944
25	% Total Earned Premium - Expense	21.9%	24.3%	26.4%	26.9%
26					
27	GROSS LOSS FUND	3,331,494	1,306,238	1,299,116	1,159,725
28	% Total Earned Premium	78.1%	75.7%	73.6%	73.1%
29	Specific Excess Insurance/Reinsurance				
30	Aggregate Excess Insurance/Reinsurance				
31	All Other Excess Insurance/Reinsurance	585,289	215,928	209,067	208,905
32	Total XS Insurance/Reinsurance	585,289	215,928	209,067	208,905
33	% Total Earned Premium - XS Reinsurance	13.7%	12.5%	11.8%	13.2%
34	LOSS FUND AVAILABLE TO PAY LOSSES NET XS INSURANCE	2,746,205	1,090,310	1,090,049	950,820
35	% Total Earned Premium - Available to Pay Losses	64.4%	63.2%	61.8%	59.9%
36	Paid Losses	2,448,211	939,884	1,118,843	1,180,760
37	Case Loss Reserves (Undiscounted)				4,849
38	ALAE Paid (Med Fee Schedule Charge - incl in loss&disct byCPA				
39	ALAE Reserve (Undiscounted)				
40	Other Loss or Expense Paid - Not Included Actuarial Report				
41	Other Loss or Expense - Reserve - Not Included Actuarial Report				
42	Total Case Loss Incurred	2,448,211	939,884	1,118,843	1,185,609
43	SELECTED IBNR Reserve (Undiscounted)				
44	Ultimate Losses Incurred (Undiscounted)	2,448,211	939,884	1,118,843	1,185,609
45	% Total Earned Premium - Ultimate Loss Ratio	57.4%	54.5%	63.4%	74.7%
46	UNDERWRITING GAIN (LOSS)				(234,789)
47	Calendar Year Realized Investment Income	111,890	83,570	109,438	134,808
48	Dividend Income				
49	Capital Gain Distb				
50	Gain(loss) sale of Invest				
51	Subtotal Investment Gain/(Loss)	111,890	83,570	109,438	134,808
52	All Other Income	15,500	24,777	3,122	(1,306)
53	Total Investment & Other Income (Before Discount)	127,390	108,347	112,560	133,502
54	Loss Reserve Discount				194
55	Total Investment & Other Income	127,390	108,347	112,560	133,696
56	% Total Earned Premium BEFORE Discount	3.0%	6.3%	6.4%	8.4%
57	% Total Earned Premium WITH Discount	3.0%	6.3%	6.4%	8.4%
58	INCOME (LOSS) BEFORE TAX & DIVIDENDS	425,384	258,773	83,766	(101,093)
59	State Income Tax				
60	Federal Income Tax	20,639	29,398	49,386	81,998
61	Total Income Tax	20,639	29,398	49,386	81,998
62	NET INCOME (LOSS) BEFORE DIVIDENDS	404,745	229,375	34,380	(183,091)
63	MWCC APPROVED DIVIDENDS PAID			60,002	134,524
64	MWCC APPROVED DIVIDENDS UNPAID	0			
65	DIVIDENDS DECLARED - NOT APPROVED FOR PAY				
66	Total Dividends	0	0	60,002	134,524
67	OPERATIONS FY BALANCE (Before Transfers) - Investments not allocated	404,745	229,375	(25,622)	(517,615)
68		XXX			
69		XXX			
70		XXX			
71		XXX			
72		XXX			

	G	H	I	J	K	L	M	N	O
1									
2									
3									
4									
5									
6									
7									
8	2000	2001	2002	2003	2004	2005	2006	TOTAL ALL	
9	7th Prior	6th Prior	5th Prior	4th Prior	3rd Prior	2nd Prior	Expiring	Fys	
10	FY								
11	1,689,635	1,811,361	1,739,388	2,962,573	3,291,868	3,465,260	3,600,560		
12	1,689,635	1,811,361	1,739,388	2,962,573	3,291,868	3,465,260	3,600,560	27,901,481	
14									
15	-	-	-	-	-	0	0	0	
16	380,604	365,053	382,324	599,099	604,570	614,568	628,389	5,429,385	
17	-	-	-	-	-	-	-	0	
18	-	-	-	-	-	-	-	0	
19	-	-	-	37,564	20,860	24,400	18,725	101,549	
20	11,820	19,209	20,723	23,073	29,698	29,835	50,033	234,828	
21	-	-	-	-	-	-	-	0	
22	-	-	-	-	-	-	-	0	
23	68,690	61,145	73,792	87,398	65,886	107,686	70,796	874,441	
24	461,114	445,407	476,839	747,134	721,014	776,489	767,943	6,640,203	
25	27.3%	24.6%	27.4%	25.2%	21.9%	22.4%	21.3%	23.8%	
26									
27	1,228,521	1,365,954	1,262,549	2,215,439	2,570,854	2,688,771	2,832,617	21,261,278	
28	72.7%	75.4%	72.6%	74.8%	78.1%	77.6%	78.7%	76.2%	
29									
30									
31	166,950	166,956	175,480	583,724	594,896	437,379	349,658	3,694,232	
32	166,950	166,956	175,480	583,724	594,896	437,379	349,658	3,694,232	
33	9.9%	9.2%	10.1%	19.7%	18.1%	12.6%	9.7%	13.2%	
34	1,061,571	1,198,998	1,087,069	1,631,715	1,975,958	2,251,392	2,482,959	17,567,046	
35	62.8%	66.2%	62.5%	55.1%	60.0%	65.0%	69.0%	63.0%	
36	1,356,394	942,643	1,207,321	1,636,951	1,596,723	2,052,634	584,801	15,065,185	
37	-	-	36,633	52,321	235,039	324,410	980,496	1,633,748	
38									
39									
40									
41									
42	1,356,394	942,643	1,243,954	1,689,272	1,831,762	2,377,044	1,565,297	16,698,913	
43	-	-	58,164	142,275	173,145	603,887	334,721	1,312,192	
44	1,356,394	942,643	1,302,118	1,831,547	2,004,907	2,980,931	1,900,018	18,011,105	
45	80.3%	52.0%	74.9%	61.8%	60.9%	86.0%	52.8%	64.6%	
46	(294,823)	256,355	(215,049)	(199,832)	(28,949)	(729,539)	582,941	(444,059)	
47	110,825	133,587	46,298	43,570	36,211	16,948	26,971	854,116	
48	-	-	12,562	5,422	10,791	21,019	41,053	90,847	
49	-	-	-	39,244	-	-	9,105	48,349	
50	-	-	(93,522)	(44,433)	8,145	(10,909)	59,105	(81,614)	
51	110,825	133,587	(34,662)	43,803	55,147	27,058	136,234	911,698	
52	1,250	500	20,781	7,910	15,425	15,175	13,675	116,809	
53	112,075	134,087	(13,881)	51,713	70,572	42,233	149,909	1,028,507	
54	-	-	6,920	16,151	35,920	74,264	101,272	234,721	
55	112,075	134,087	(6,961)	67,864	106,492	116,497	251,181	1,263,228	
56	6.6%	7.4%	-0.8%	1.7%	2.1%	1.2%	4.2%	3.7%	
57	6.6%	7.4%	-0.4%	2.3%	3.2%	3.4%	7.0%	4.5%	
58	(182,748)	390,442	(222,010)	(131,968)	77,543	(613,042)	834,122	819,169	
59									
60	(155,457)	97,935	(15,010)	(37,560)	120,715	56,466	(148,973)	99,537	
61	(155,457)	97,935	(15,010)	(37,560)	120,715	56,466	(148,973)	99,537	
62	(27,291)	292,507	(207,000)	(94,408)	(43,172)	(669,508)	983,095	719,632	
63	218,960							413,486	
64								xxx	
65								0	
66	218,960	0	0	0	0	0	0	413,486	
67	(246,251)	292,507	(207,000)	(94,408)	(43,172)	(669,508)	983,095	306,146	
68									
69									
70									
71									
72									

	FY END	10	10/1900	10/1900
		All Prior	10th Prior	9th Prior
		FYs	FY	FY
8				
9				
10				
77				
78				
79				
80	II MWCC SUPPLEMENTAL FUND INFORMATION & DATA SCHEDULE - MWCC-HP1b			
81	iiia GENERAL FUND SECTION			
82	Current SIF Primary Contact Person, Title & Affiliation	-		
83	Current SIF Primary Contact Person Phone Number	0		
84	Current SIF Primary Contact Person Email	-		
85				
86	Actuarial Report Prepared BY - (Short Name) GAAP Period END	xxx	-	-
87	Audited Financial Statement Prepared GAAP Period END	xxx	-	-
88	Unqualified Financial Statement Opinion (Y/N) GAAP Period END	xxx	-	-
89				
90	AUDITED EARNED FY PAYROLL	-	-	-
91				
95				
96	High FY Commission % of Earned Premium	0.0%	0.0%	0.0%
97	Low FY Commission % of Earned Premium	0.0%	0.0%	0.0%
98				
99	Does the SIF use Common Expiration Dates?	xxx	-	-
100				
109				
110	Total of All Association/Sponsor Members each FY End	xxx	-	-
111				
112	Is a Producer Agreement Used By SIF - BY FY	xxx	-	-
113				
114	Is a policy or contract issued BY FY	xxx	-	-
115				
116	iiib			
117	BALANCE SHEET INPUT			
118				
119	FISCAL YEAR BALANCE SHEET & INVESTMENT SECTION			
120	1 - Total Assets GAAP PERIOD END (Audited Financial)	xxx	-	-
121	2 - Fixed Assets GAAP PERIOD END (Audited Financial)	xxx	-	-
122	3 - All Amounts Receivable GAAP PERIOD END (Audited Fin'l)	xxx	-	-
123	4 - Estimated Investment Assets GAAP PERIOD (1-2-3)	xxx	-	-
124	Change In Estimated Investment Assets	xxx	-	-
125	50% of Change	xxx	-	-
126	Prior FY End Estimated Investment Assets+prior Yr A/r + 50% of Change	xxx	-	-
127	Current FY End Invest Income Pre Discount (Excluding Other)	xxx	-	-
128	Calculated FY END % Return Pre Discount	xxx	#DIV/0!	#DIV/0!
129	Current FY END Investment Income WITH discount	xxx	-	-
130	Calculated FY % Return Including Discount	xxx	#DIV/0!	#DIV/0!
131				
132	Loss Reserve Discount % Used to Compute Line 51	xxx	0.0%	0.0%
133				
134	4 - Deferred Tax Asset (Liability) GAAP PERIOD END (Audited Financial)	xxx	-	-
135				
136	Premium Trade A/R (only) GAAP PERIOD END	-	-	-
137	Trade A/R % of Earned Premium	0.0%	#DIV/0!	#DIV/0!
138	# Days in A/R	-	#DIV/0!	#DIV/0!
139	All Other A/R	-	-	-
140				
141	Total Premiums Receivable Over 90 Days Old - GAAP PERIOD END	-	-	-
142	Total All A/R Over 90 Days Old GAAP PERIOD END net of Trade	-	-	-
143	Trade A/R Net of doubtful Account of:	-	-	-
144				
145	Premium Deposit Liability GAAP PERIOD END	-	-	-
146	Premium Deposit % of Earned Premium	0.0%	#DIV/0!	#DIV/0!
147	Premium Deposit or Down Payments "Rolled Over"? (Y/N)	xxx	-	-
148				
149				
150	% Equity Investment (Other than Mutual Funds) GAAP PERIOD END	xxx	0.0%	0.0%
151	% Fixed Income Investment (Other than Mutual Funds) GAAP PERIOD END	xxx	0.0%	0.0%
152	% Mutual Fund Investment GAAP PERIOD END	xxx	0.0%	0.0%
153	Total Investments % GAAP PERIOD END (balance)	xxx	0.0%	0.0%
154				
155	% Investments "Trading" Status GAAP PERIOD END	x	0.0%	0.0%
156	% Investment "Hold to Maturity" Status GAAP PERIOD END	x	0.0%	0.0%
157	% Investments " Available for Sale" Status GAAP PERIOD END	x	0.0%	0.0%
158	Total Investments % GAAP Period End (balance)		0.0%	0.0%
159	iiic			
160	FY CLAIMS SECTION:			
161	Reported OPEN CLAIM COUNT (excluding Reopen Count) by FY	-	-	-
162	Reported RE-OPEN CLAIM COUNT by FY	-	-	-

		FY END	10	1/0/1900	1/0/1900
			All Prior FYs	10th Prior FY	9th Prior FY
8					
9					
10					
163	Reported TOTAL OPEN CLAIM COUNT by FY		-	-	-
164	CLOSED CLAIM COUNT by FY		-	-	-
165	Reported TOTAL CLAIM COUNT by FY		-	-	-
166					
167	Unreported Actuarial Claim Count by FY		-	-	-
168	Ultimate Reported & Unreported Claim Count by FY		-	-	-
169					
170	Reported TOTAL LOST TIME CLAIM COUNT by FY		-	-	-
171	Reported TOTAL MEDICAL ONLY CLAIM COUNT by FY		-	-	-
172					
173	TOTAL MEDICAL ONLY CASE INCURRED by FY		-	-	-
174					
175	CLOSED (Ult) CLAIM RATIO by FY		0.0%	#DIV/0!	#DIV/0!
176					
178					
179	Number of Claims Incurred in Excess of FY SIR Amount by FY		-	-	-
180	Case Incurred Amount of Claims in Excess of FY SIR by FY		-	-	-
181	AXS Incurred Claim Amount by FY		-	-	-
182	Ratio of all XS Case Loss to all XS Premium From Financial Stmt		0.0%	#DIV/0!	#DIV/0!
183	iid				
184	XS INSURANCE SECTION				
185	SXS Insurer/Reinsurer by FY (short name)		xxx	-	-
186	Normal SXS Retention by FY		xxx	-	-
187	Other SXS Retention Amount by FY (example: corridor, AAD)		xxx	-	-
188	SXS Limit by FY		xxx	-	-
189	SXS Premium Basis Type by FY		xxx	-	-
190	SXS Premium Basis Amount Estimated by FY		xxx	-	-
191	SXS Rate by FY		xxx	0.0%	0.0%
192	SXS Estimated Premium by FY		xxx	-	-
193	SXS Rate Flat or Variable (Swing/Retro) - (Enter F or V)		xxx	-	-
194	SXS Final Audited Earned Premium by FY		xxx	-	-
195	SXS Additional/(Return) Premium by FY		xxx	-	-
196	AXS IF APPLICABLE:				
197	AXS Insurer by FY (short name)		xxx	0.0%	0.0%
198	AXS Attachment Point Basis Type by FY		xxx	0.0%	0.0%
199	AXS Attachment Point % of Basis by FY		xxx	0.0%	0.0%
200	AXS Estimated Attachment Basis by FY		xxx	-	-
201	AXS Estimated Attachment Point by FY		xxx	-	-
202	Other AXS Retention Amount by FY		xxx	-	-
203	AXS Limit by FY		xxx	-	-
204	Fund AXS Estimated Premium Basis by FY		xxx	-	-
205	AXS Rate by FY		xxx	0.0%	0.0%
206	AXS Estimated Premium by FY		xxx	-	-
207	AXS Rate Flat or Variable (Swing/Retro) - (Enter F or V)		xxx	-	-
208	AXS Final Audit Earned Premium by FY		xxx	-	-
209	AXS Additional/(Return) Premium by FY		xxx	-	-
210					
211	Other 1 Excess Insurer/Reinsurer by FY (Y/N) - Attach		xxx	-	-
212	Other 2 Excess Insurer/Reinsurer by FY (Y/N) - Attach		xxx	-	-
213	Other 3 Excess Insurer/Reinsurer by FY (Y/N) - Attach		xxx	-	-
214	lie				
215	FY RATING SECTION				
216	EARNED MANUAL PREMIUM by FY (Rate X's Payroll/Exposure Basis)		-	-	-
217	MODIFIED MANUAL PREMIUM by FY		-	-	-
218	FY BOOKWIDE EARNED SCHEDULE CREDIT/DEBIT AMOUNT		-	-	-
219	Bookwide Schedule Credit/Debit % of Total Earned Premium		0.0%	#DIV/0!	#DIV/0!
220	FY BOOKWIDE EARNED EXPERIENCE MODIFIER AMOUNT		-	-	-
221	Bookwide Experience Modifier % of Total Earned Premium		0.0%	#DIV/0!	#DIV/0!
222	FY BOOKWIDE PREMIUM (SIZE DISCOUNT) AMOUNT		-	-	-
223	Bookwide Premium Discount % of Total Earned Premium		0.0%	#DIV/0!	#DIV/0!
224	FY BOOKWIDE ALL OTHER CREDIT/DEBIT AMOUNT (to modified manual)		-	-	-
225	Bookwide All Other Credit/Debit % of Total Earned Premium		0.0%	#DIV/0!	#DIV/0!
226	% EARNED (Charged) PREMIUM TO MANUAL PREMIUM		0.0%	#DIV/0!	#DIV/0!
227	% EARNED (Charged) PREMIUM TO MODIFIED MANUAL PREMIUM		0.0%	#DIV/0!	#DIV/0!
228					
229	NCCI RATE EDITION DATE APPROVED BY MWCC		xxx	1/0/1900	1/0/1900
230	LOSS COST MULTIPLIER APPROVED BY MWCC (IF No LCM - N/A)		xxx	0.0%	0.0%
231					
232	Date of Latest MWCC Rate Filing Approval		xxx	1/0/1900	1/0/1900
233					
234	NCCI Experience Modifier System Used (Y/N) by FY		xxx	-	-
235	IF NCCI Exp Mod System Not Used - Current System Used		xxx	-	-
236					
237	Is the MWCC Drug Credit Program Used?		xxx	0.0%	-
238					
239	Are EL Increased Limit Factors Used in the Rating Process?		xxx	0.0%	-

		FY END	10	1/0/1900	1/0/1900
			All Prior FYs	10th Prior FY	9th Prior FY
8					
9					
10					
240					
241	Schedule Credit Used High %		xxx	0.0%	0.0%
242	Other Credit Used High %		xxx	0.0%	0.0%
243	Specify NCCI Premium (Size) Discount Table Used		xxx	0.0%	0.0%
244					
245					
246					
247					
248	iiig				
249	INDIVIDUAL MEMBER DEDUCTIBLE SECTION				
250	Max Per Claim Individual Member Deductible Amount by FY		xxx	-	-
251	Number of Members with individual Deductible by FY		xxx	-	-
252	Total Individual Deductible Case Incurred Amount by FY		xxx	-	-
253	Total Individual Deductible Premium Credit Amount by FY		xxx	-	-
254	Individual Deductible Amounts Receivable Amount by FY		xxx	-	-
255	Individual Deductible Amounts Receivable Amount over 90 days by FY		xxx	-	-
256	Total Collateral for Individual Deducibles - Amount by FY		xxx	-	-
257					
258	Any other Individual Deductibles Used (Y/N)? (By FY)		xxx	-	-
259	Number of Members with Other Individual Deductibles by FY		xxx	-	-
260	If any other individual deductibles used - case incurred amountt by FY		xxx	-	-
261	Total Other Individual Deductibles Premium Credit Amount by FY		xxx	-	-
262	Any other Deducible Amounts Receivable Amount by FY		xxx	-	-
263	Any other Deducible Amounts Receivable Amount over 90 days by FY		xxx	-	-
264	Collateral for all other deductibles - Amount by FY		xxx	-	-
281					
282					
283	iiih HP DIAGNOSTIC SUMMARY DATA (BY FY): MWCC-HP1c		All Prior	1/0/1900	FALSE
284	ALL AUTO COMPUTE FROM ABOVE		FYs	1/0/1900	FALSE
285					
286	Total Earned Premium		-	-	-
287	Expense/Earned Premium %		#DIV/0!	#DIV/0!	#DIV/0!
288	Producer Commission %		#DIV/0!	#DIV/0!	#DIV/0!
289	Gross Loss Fund/Earned Premium %		#DIV/0!	#DIV/0!	#DIV/0!
290	Total Reinsurance/Earned Premium %		#DIV/0!	#DIV/0!	#DIV/0!
291	Loss Fund Net of Reinsurance/Earned Premium %		#DIV/0!	#DIV/0!	#DIV/0!
292					
293	ULTIMATE LOSS RATIO (Net Incurred/Gross Earned) - Undiscounted		#DIV/0!	#DIV/0!	FALSE
294					
295	% Case ALAE Incurred/Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
296	% Case Other Incurred/Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
297					
298	TOTAL Excess Case L/R		#VALUE!	#DIV/0!	#DIV/0!
299					
300	U/W Gain (Loss)		-	-	-
301	U/W Gain (Loss) % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
302					
303	Investment Gain (Loss) Calendar Year		-	-	-
304	Allocated FY Investment Gain (Loss)		-	-	-
305					
306	FY Loss Reserve Discount		-	-	-
307	All Other Income		-	-	-
308					
309	INCOME & LOSS BEFORE TAX & DIVIDENDS (Investments Not Allocated)		-	-	-
310	INCOME & LOSS BEFORE TAX & DIVIDENDS (Investments Allocated)		-	-	-
311					
312	MWCC APPROVED DIVIDENDS/ASSESSMENTS PAID		-	-	-
313	MWCC APPROVED DIVIDENDS/ASSESSMENTS UNPAID		-	-	-
314	Total Dividends		-	-	-
315					
316					
317	FY COMBINED RATIO		#DIV/0!	#DIV/0!	#DIV/0!
318	Calendar Year Investment Income Only % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
319	FY Allocated Investment Income Only % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
320	FY Other Income Only % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
321	FY Discount % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
322	FY Dividend % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
323	Cal YR Investment & Other Income (Undiscounted) % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
324	Cal YR Investment & Other Income (Discounted) % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
325	FY Allocated Investments & Other (Undiscounted) % of Earned Premium		#REF!	#DIV/0!	#DIV/0!
326	FY Allocated Investments & Other (Discounted) % of Earned Premium		#DIV/0!	#DIV/0!	#DIV/0!
327					
328	OPERATIONS FY BALANCE (Before Transfers) - Investments not allocated		0	0	0
329	OPERATIONS FY BALANCE (Before Transfers) - Investments allocated		0	0	0
330	Difference in Allocated Tax & Invest to Calendar Year		0	0	0

	FY END	10	10/1900	10/1900
		All Prior	10th Prior	9th Prior
		FYs	FY	FY
8				
9				
10				
331				
332	Cumulative Fund Balance (Before Transfers) - Investment Not Allocated	0	0	0
333	Writings Ratio to Cumulative Fund Balance (Before Transfers) to 1	#DIV/0!	#DIV/0!	#DIV/0!
334				
335	Cumulative Fund BALANCE (Before Transfers) - Investments allocated	0	0	0
336	Writings Ratio to Cumulative Fund Balance (Before Transfers) to 1	#DIV/0!	#DIV/0!	#DIV/0!
337				
338	EARNED PREMIUM GROWTH RATE	xxx	xxx	#DIV/0!
339				
340	Discount Amount	-	-	-
341				
342				
343	Total A/R	-	-	-
344	Trade A/R	-	-	-
345	All A/R over 90	-	-	-
346	# Days Trade A/R	-	#DIV/0!	#DIV/0!
347				
348	Deferred tax Asset	-	-	-
349	Unrealized Gain Amount	-	-	-
350				
351	Most Current P & L Fund Balance - Before Adjustments	-		
352	Current Total Ultimate Reserves (Undiscounted)	-		
353	Reserve Development Factor TO -0- Fund Balance Before Adjustments	-		
354				
355				
356	TOTAL SURPLUS TRANSFERS ALL Fys	-	do formula pic	-
357				
358	FY Balance % of Current Total Fund Balance (Before Transfers)	xxx	#DIV/0!	#DIV/0!
359	FY Balance % of Current Total Fund Balance (After Transfers)	xxx	#DIV/0!	#DIV/0!
360				
361				
362	BULK EARNED PREMIUM RATE	-	#DIV/0!	#DIV/0!
363	% Increase (Decrease) Compared to Prior FY	-	xxx	#DIV/0!
364	cumulative rate increased (decrease)	-	xxx	#DIV/0!
365				
366	Bulk Bookwide Schedule Credit/Debit %	-	-	-
367	% Final Charged Premium to Manual Premium	-	-	-
368	% Final Charged Premium to Modified Manual Premium	-	-	-
369	Credit/Debit % Other Than Schedule Credit/Debit	-	-	-
370				
371	Last Rate Filing Approved:	-	-	-
372	NCCI Rate Edition	-	-	-
373	LCM	-	-	-
374				
375	Number of Final Audits Not Completed or Pending	-	-	-
376				
377	Total # of Members at FY End	-	-	-
378	Total # of New Members at FY End	-	-	-
379	New Member Hit Ratio	-	-	-
380				
381	AVERAGE ULTIMATE CLAIM INCURRED AMOUNT	xxx	#DIV/0!	#DIV/0!
382	Average Ultimate Lost Time Case Incurred Amount (incl IBNR)	xxx	#DIV/0!	#DIV/0!
383				
384	Total Ultimate Claims Frequency Per 1,000,000 PREMIUM	xxx	#DIV/0!	#DIV/0!
385				
386	Total Ultimate Claims Frequency Per 1,000,000 PAYROLL	xxx	#DIV/0!	#DIV/0!
387				
388	Total Actual Claim Count	-	-	-
389	Total Ultimate Claim Count	-	-	-
390	Total # of Open Ultimate Claims	-	-	-
391	# of Lost Time Claims	-	-	-
392	# of Open Lost Time Claims	-	-	-
393				
394	Latest Unreported Claim Count	-	-	-
395	AXS Incurred Claim Amount by FY	-	-	-
396	Latest 5 Year AVG Count Development (excluding Current Period)	-	-	-
397	Latest Period Count Development	-	-	-
398				
399	Specific Excess Retention	xxx	-	-
400	Aggregate Excess Attachment Point (% of Earned Premium)	xxx	-	-
401	Other SXS or AXS Retention (Y/N)	xxx	-	-
402				
403	FY REMAINING CASH CALCULATION (Before Transfers) (Fixed Not Considered)	0	0	0
404		0	0	0
405				

	FY END	10	1/0/1900	1/0/1900
		All Prior	10th Prior	9th Prior
		FYs	FY	FY
8				
9				
10				
406	Latest Period Net Cash Per Estimated Investment Asset Calc (Calendar Yr)	0		
407	Current Valuation ITD Unpaid Reserves & IBNR (Undisct)	0		
408	On Hand Level 1 Cash Available Test	0		
409				
410	Total Latest Period Assets -	0		
411	Deduct Fixed Assets	0		
412	Deduct Deferred Tax Asset	0		
413	Deduct ALL A/R Over 90 Days	0		
414	Deduct Discount	0		
415	Level 2 Computed Cash Assets	0		
416	On Hand Level 2 Cash Available Test	0		
417				
418				
419	Latest Year Total Trade A/R % of Earned Premium	#DIV/0!		
420	Latest YR# Days A/R	#DIV/0!		
421				
422				
423	END			
424				
425				
426				
427				
428				
429				
430				
431				
432				