

CALENDAR YEAR: _____

_____ DELAWARE _____ COUNTRYWIDE FORM 1

ENTER WHOLE DOLLAR AMOUNT	PP Auto Bodily Injury	PP Auto Property Damage	PP Auto NO Fault	PP Auto Uninsured & Underinsured	Comm'l Auto Bodily Injury	Comm'l Auto Property Damage	Comm'l Auto No Fault	Comm'l Auto Uninsured & Underinsured	WC
1. Direct Premiums Written									
2. Direct Premiums Earned									
3. Investment Income on Unearned Premium & Loss Reserves									
4. Incurred Claims (Losses) developed as the sum and with figures provided for:									
a. Dollar amount of paid losses									
b. Reserves for reported claims at the end of the current year									
c. Reserves for reported claims at the end of the previous year									
d. Reserves for incurred but not reported claims at the end of the current year									
e. Reserves for incurred but not reported claims at the end of the previous year									
f. Total Incurred Losses (Lines 4a + 4b + 4c + 4d + 4e = 4f)									
5. Incurred Loss Adjustment Expenses developed as the sum and with figures provided for:									
a. Paid Loss Adjustment Expenses									
b. Reserves for Loss Adjustment Expenses at the end of the current year									
c. Reserves for Loss Adjustment Expenses at the end of the previous year									
d. Total Incurred Loss Adjustment Expenses (Lines 5a + 5b - 5c = 5d)									
6. Total Incurred Losses and Loss Adjustment Expenses (Lines 4f + 5d)									
7. Commissions									
8. Advertising									
9. Other Acquisition Costs									
10. General Office Expenses									
11. Taxes, Licenses & Fees									
12. All Other Expenses									
13. Total Underwriting Expenses (Lines 7 + 8 + 9 + 10 + 11 + 12)									
14. Dividends paid or credited to policy holders									
15. Net Underwriting Gain or Loss (Lines 2 - 6 - 13 - 14)									
16. Net Operating Gain/Loss include Investment Income (Lines 15 + 3)									
17. Pure Loss Experience Ratio (Lines 4f ÷ 2)									
18. Net Operating Ratio (Lines 4f + 5d + 13) ÷ (Lines 2 + 3)									

(REPORTING COMPANY)

CALENDAR YEAR: _____

_____ DELAWARE _____ COUNTRYWIDE FORM 1A

MEDICAL MALPRACTICE

ENTER WHOLE DOLLAR AMOUNT	Physicians & Surgeons & Osteopaths	Hospitals	Other Health Care Prof. Including Dentists	Other Health Care Facilities
1. Direct Premiums Written				
2. Direct Premiums Earned				
3. Investment Income on Unearned Premium & Loss Reserves				
4. Incurred Claims (Losses) developed as the sum and with figures provided for:				
a. Dollar amount of paid losses				
b. Reserves for reported claims at the end of the current year				
c. Reserves for reported claims at the end of the previous year				
d. Reserves for incurred but not reported claims at the end of the current year				
e. Reserves for incurred but not reported claims at the end of the previous year				
f. Total Incurred Losses (Lines 4a + 4b + 4c + 4d + 4e = 4f)				
5. Incurred Loss Adjustment Expenses developed as the sum and with figures provided for:				
a. Paid Loss Adjustment Expenses				
b. Reserves for Loss Adjustment Expenses at the end of the current year				
c. Reserves for Loss Adjustment Expenses at the end of the previous year				
d. Total Incurred Loss Adjustment Expenses (Lines 5a + 5b - 5c = 5d)				
6. Total Incurred Losses and Loss Adjustment Expenses (Lines 4f + 5d)				
7. Commissions				
8. Advertising				
9. Other Acquisition Costs				
10. General Office Expenses				
11. Taxes, Licenses & Fees				
12. All Other Expenses				
13. Total Underwriting Expenses (Lines 7 + 8 + 9 + 10 + 11 + 12)				
14. Dividends paid or credited to policy holders				
15. Net Underwriting Gain or Loss (Lines 2 - 6 - 13 - 14)				
16. Net Operating Gain/Loss include Investment Income (Lines 15 + 3)				
17. Pure Loss Experience Ratio (Lines 4f ÷ 2)				
18. Net Operating Ratio (Lines 4f + 5d + 13) ÷ (Lines 2 + 3)				

(REPORTING COMPANY)

CALENDAR YEAR: _____

_____ DELAWARE _____ COUNTRYWIDE FORM 1B

MEDICAL MALPRACTICE

ENTER WHOLE DOLLAR AMOUNT	Enter Specialties written by Category as listed in Appendix 3
1. Direct Premiums Written	
2. Direct Premiums Earned	
3. Investment Income on Unearned Premium & Loss Reserves	
4. Incurred Claims (Losses) developed as the sum and with figures provided for:	
a. Dollar amount of paid losses	
b. Reserves for reported claims at the end of the current year	
c. Reserves for reported claims at the end of the previous year	
d. Reserves for incurred but not reported claims at the end of the current year	
e. Reserves for incurred but not reported claims at the end of the previous year	
f. Total Incurred Losses (Lines 4a + 4b + 4c + 4d + 4e = 4f)	
5. Incurred Loss Adjustment Expenses developed as the sum and with figures provided for:	
a. Paid Loss Adjustment Expenses	
b. Reserves for Loss Adjustment Expenses at the end of the current year	
c. Reserves for Loss Adjustment Expenses at the end of the previous year	
d. Total Incurred Loss Adjustment Expenses (Lines 5a + 5b - 5c = 5d)	
6. Total Incurred Losses and Loss Adjustment Expenses (Lines 4f + 5d)	
7. Commissions	
8. Advertising	
9. Other Acquisition Costs	
10. General Office Expenses	
11. Taxes, Licenses & Fees	
12. All Other Expenses	
13. Total Underwriting Expenses (Lines 7 + 8 + 9 + 10 + 11 + 12)	
14. Dividends paid or credited to policy holders	
15. Net Underwriting Gain or Loss (Lines 2 - 6 - 13 - 14)	
16. Net Operating Gain/Loss include Investment Income (Lines 15 + 3)	
17. Pure Loss Experience Ratio (Lines 4f ÷ 2)	
18. Net Operating Ratio (Lines 4f + 5d + 13) ÷ (Lines 2 + 3)	

CLOSED CLAIM REPORT YEAR: _____

_____ DELAWARE

_____ COUNTRYWIDE

FORM 2

	Number of Claims Closed with Payment*	Dollar Amount of Claims Closed with Payment*	Dollar Amount Reserved** on Claims Closed with Payment*	Number of Claims Closed Without Payment*	Dollar Amount Reserved** on Claims Closed Without Payment*
PP Auto Bodily Injury					
PP Auto Property Damage					
PP Auto No Fault					
PP Auto Uninsured & Underinsured					
Comm Auto Bodily Injury					
Comm Auto Property Damage					
Comm Auto No Fault					
Comm Auto Uninsured & Underinsured					
Worker's Compensation					
Medical Malpractice					
Attorney Malpractice					
Other Professional Malpractice					
Total This Page					

* - The term "payment" refers to amounts paid as idemnity and does not include expenses.

** - The reserve shown shall be the initial reserve set on each claim.

CLOSED CLAIM REPORT YEAR: _____

_____ DELAWARE

_____ COUNTRYWIDE

FORM 2

	Number of Claims Closed with Payment*	Dollar Amount of Claims Closed with Payment*	Dollar Amount Reserved** on Claims Closed with Payment*	Number of Claims Closed Without Payment*	Dollar Amount Reserved** on Claims Closed Without Payment*
Title Insurance					
Products Liability					
Liquor Liability					
Other Liability - Occurrence					
Other Liability - Claims Made					
Political Subdivisions - Municipalities					
Political Subdivisions - Counties					
Political Subdivisions - School District					
Political Subdivisions - Other Authorities					
Errors & Omissions					
Directors & Officers (Non-Profit)					
Directors & Officers (Profit)					
Daycare					
Entertainment, Recreation & Sports					
Total This Page					

* - The term "payment" refers to amounts paid as idemnity and does not include expenses.

** - The reserve shown shall be the initial reserve set on each claim.

NAME OF COMPANY: _____ **NAIC No.** _____

ADDRESS: _____

COMPLETED BY: _____ **TITLE:** _____

E-MAIL ADDRESS: _____ **PHONE No.** _____ **FAX No.** _____

DATE: _____