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STATE CAPITOL BUILDING
BISMARCK, NORTH DAKOTA 58505

BULLETIN 88-6

TO: ALL PROPERTY/CASUALTY INSURANCE COMPANIES LICENSED IN NORTH DAKOTA

FROM: Earl R. Pomeroy, Commissioner of Insurance

DATE: August 30, 1988

SUBJECT: Revision of Filing Transmittal Form

Recently, via Bulletin 88-4, the North Dakota Insurance Department implemented a Filing Transmittal Form #NDPC-100 (6/88).

The purpose of this Bulletin is to inform companies of revisions to the form. These revisions are described below:

1) Page 1: "Company(s)" is changed to "Company(s) Name and Federal I.D. #_____".

2) Page 1: Company/Bureau Designation has been changed to "Company or Bureau Filing Number".

3) Page 2: Items 6 and 7 under Rate Filing Requirements are corrected to refer to #5 not #3.

4) Page 2: Item 6 under Rate Filing Requirements is corrected to read -- (Region = ND, SD, MT, WY, NE, and IA).

Attached is the revised form NDPC-100 (8/88) which replaces NDPC-100 (6/88).

jmb
Attachment

NORTH DAKOTA INSURANCE DEPARTMENT

PROPERTY/CASUALTY DIVISION

FILING TRANSMITTAL FORM

Company's Name and Federal I.D. No.:

_____

_____

_____

Lines of Insurance:

_____

_____

Title of Program:

_____

_____

_____ Form Filing
_____ Rate Filing
_____ Manual/Rule Filing

_____ New
_____ Revision
_____ Withdrawal

_____ Member/Subscriber of Rating Organization
_____ Independent Filing
_____ Reference Filing
_____ Deviation Filing

Company or Bureau Filing Number: _____

Date Filed: _____
Proposed Effective Date: _____
Retaliatory Fee:
Form $ _____
Rate/Rule $ _____
State of Domicile: _____
States this has been filed in _____

_____

States that have approved this filing _____

_____

FORM FILING REQUIREMENTS

_____ 1. Description of form(s)
_____ 2. List of forms (company, title, number, edition date)
_____ 3. Explanation of coverages that are broadened, reduced or limited
_____ 4. Copy of forms (if not a reference filing)

NDPC-100 (8/88)

RATE FILING REQUIREMENTS

_____ 1. Net effect of filing _____ %
_____ 2. Number of policies in the state _____
_____ 3. Estimated dollar (impact) of this filing to North Dakota policyholders _____
_____ 4. Summary of rate history for previous 5 years.
_____ 5. Countrywide loss experience for each of the last 5 years to include written premium, earned premium, incurred losses, loss adjustment expense, loss ratio, and IBNR.
_____ 6. Regional loss experience for each of the last 5 years to include same items as #5 above. (Region = ND, SD, MT, WY, NE, and IA).
_____ 7. Statewide loss experience for each of the last 5 years to include same items as #5 above.
_____ 8. Countrywide, regional, and statewide expense exhibits.
_____ 9. Copy of Rate Pages (draft copies acceptable)
_____ 10. Actuarial memorandum (if appropriate) to include loss development, loss adjusting expense, trending credibility, permissible loss ratio, indicated rate level, and investment income, etc.
_____ 11. Explanation if rates are based solely upon those of another company(ies) offering a similar product and the comparison with that company.
_____ 12. Explanation if rates are based solely on underwriting judgment, describing all factors considered.

MANUAL/RULE FILING REQUIREMENTS

_____ 1. List of new rules
_____ 2. List of rules being replaced
_____ 3. Explanation of rule change
_____ 4. Impact in rate due to rule change
_____ 5. If rates are impacted, include appropriate supporting documents (refer to previous section)

Name and Title: _____

Signature: _____

Telephone Number: _____