



**EARL R. POMEROY
COMMISSIONER OF INSURANCE
STATE OF NORTH DAKOTA
701-224-2440
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

A handwritten signature in cursive script, reading "Earl R. Pomeroy", written in dark ink.

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 | _____ New |
| _____ Rate Filing | _____ Revision |
| _____ Manual/Rule Filing | _____ 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)

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: _____