



Minnesota Workers' Compensation Insurers Association, Inc.
 7701 France Avenue South • Suite 450
 Minneapolis, MN 55435-3200

**MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
 ACKNOWLEDGMENT FORM: 2010 ANNUAL CALLS FOR EXPERIENCE**

CARRIER NAME: _____ CARRIER CODE: _____

ADDRESS: _____

SUBMITTED BY: _____

TITLE: _____

EMAIL ADDRESS: _____

TELEPHONE NO: _____

If this Acknowledgment Form is submitted on a group basis, please list all individual carrier names.

This will acknowledge receipt of the email regarding Annual Calls for Experience. Indicate your reporting status below by check mark (✓ or x), for each Call for Experience.

CALL	WILL REPORT	NO EXPERIENCE TO REPORT†
1. Policy Year Call for Compensation Experience Valued as of December 31, 2009—Due April 1, 2010	()	()
2. Calendar-Accident Year Call for Compensation Experience Valued as of December 31, 2009—Due April 1, 2010	()	()
3. Supplemental Call for Schedule Rating Premium Adjustments—Due April 1, 2010	()	()
4. Large Deductible Policy Year Call for Compensation Experience Valued as of December 31, 2009—Due April 1, 2010	()	()
5. Large Deductible Calendar-Accident Year Call for Compensation Experience Valued as of December 31, 2009—Due April 1, 2010	()	()
6. Reconciliation Report for Calendar Year 2009 Data Call—Due April 1, 2010	()	()

† This column should be checked only if you have no experience for Minnesota for all years required by the Call.

PLEASE RETURN THIS FORM BY MARCH 1, 2010 TO:

Mail: Actuarial Services Department
 Minnesota Workers' Compensation Insurers Association, Inc.
 7701 France Avenue South, Suite 450
 Minneapolis, Minnesota 55435

Fax: (952) 897-6495

Email: actuarial@mwcia.org