



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

July 26, 2007

ALL ASSOCIATION MEMBERS

Circular Letter 07-1511

RE: MWCIA Financial Call Expansion

The Minnesota Department of Commerce has approved the above filing to become effective 12:01 a.m., January 1, 2008.

The purpose of the above filing item is to expand the current financial calls for experience. The NCCI has announced their plans to expand their current policy year and calendar-accident year calls for experience. Currently they collect 21 policy years and 20 calendar-accident years of experience. Starting with the 2008 reporting season the calls will be increased by one year every year for the next ten years, ultimately reaching 31 policy years and 30 calendar-accident years of experience.

In an effort to remain consistent with the NCCI, the MWCIA proposes to expand our policy and calendar-accident years in this same manner beginning with the 2008 reporting season.

Exhibit I details the changes to the *Minnesota Statistical Plan Manual*. To illustrate the changes necessary for this proposed filing, we have included underlining to represent new/added language and strikethroughs to represent deleted text.

Exhibit II displays the four call forms affected by this proposed filing, and displays the addition of one additional policy or calendar-accident year on each form for experience valued as of December 31, 2007.

Please direct any questions you may have regarding this filing item to MWCIA's Actuarial Services Department at 952.897.1737 (Option 3) or via email at actuarial@mwcia.org.

Exhibit I

Minnesota Statistical Plan Manual Effective January 1, 2008

CURRENT MANUAL LANGUAGE	PROPOSED MANUAL LANGUAGE
Section Two	Section Two
Part II – Annual Calls for Experience	Part II – Annual Calls for Experience
Call For Experience #1 – Policy Year Call	Call For Experience #1 – Policy Year Call
Filing Requirements	Filing Requirements
Policy Year Call for Compensation Experience Valued as of December 31 of each year--Due March 15 of the following year	Same
In accordance with the approved statistical program you are hereby requested to file on or before March 15 of each year, your compensation experience by policy year valued as of December 31 of the prior year.	Same
This Call is included in the FCIP (Financial Call Incentive Program) and will be subject to assessments for late and/or inaccurate reporting. Details of FCIP are updated annually in the first quarter of each year. Since the Minnesota Ratemaking Report will depend on these figures, it is essential that this Call be returned on or before the required due date.	Same
The decision was made during 1994 to continue the phased-in expansion of the Policy Year Call to ultimately collect 20 full underwriting years of data. This Policy Year Call to be reported in 1997 retains the oldest data year (1978) and includes the current year 1996, thus requiring the collection of a total of 48 full underwriting years of data to be reported in 1997. (Note that Policy Year 1996, valued as of December 31, 1996, is an incomplete policy year and is not counted as one of the 48 years.)	The decision was made during 2007 to phased-in <u>the</u> expansion of the Policy Year Call to ultimately collect 30 full underwriting years of data. This Policy Year Call to be reported in 2008 retains the oldest data year (1986) and includes the current year 2007, thus requiring the collection of a total of 21 full underwriting years of data to be reported in 2008. (Note that Policy Year 2007, valued as of December 31, 2007, is an incomplete policy year and is not counted as one of the 21 years.)

Exhibit I

Minnesota Statistical Plan Manual Effective January 1, 2008

CURRENT MANUAL LANGUAGE	PROPOSED MANUAL LANGUAGE
Section Two	Section Two
Part II – Annual Calls for Experience	Part II – Annual Calls for Experience
Call For Experience #2 – Calendar-Accident Year Call	Call For Experience #2 – Calendar-Accident Year Call
Filing Requirements	Filing Requirements
Calendar-Accident Year Call for Compensation Experience Valued as of December 31 of each year--Due April 1 of the following year	Same
This Call is included in the FCIP (Financial Call Incentive Program) and will be subject to assessments for late and/or inaccurate reporting. Details of FCIP are updated annually in the first quarter each year. Since the Minnesota Ratemaking Report will depend on these figures, it is essential that this Call be returned on or before the required due date.	Same
The decision was made during 1994 to continue the phased-in expansion of the Calendar-Accident Year Call to ultimately collect 20 full underwriting years of data. This Calendar-Accident Year Call to be reported in 1997 retains the oldest data year (1979) and includes the current year 1996, thus requiring the collection of a total of 18 full underwriting years of individual data to be reported in 1997.	The decision was made during 2007 to phased-in the expansion of the Calendar-Accident Year Call to ultimately collect 30 full underwriting years of data. This Calendar-Accident Year Call to be reported in 2008 retains the oldest data year (1987) and includes the current year 2007, thus requiring the collection of a total of 21 full underwriting years of individual data to be reported in 2008.

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER
SECTION TWO PART II
FIRST REPRINT PAGE 134

Effective January 1, 2008

TRANSMITTAL LETTER

1. CALL: POLICY YEAR CALL FOR COMPENSATION EXPERIENCE FOR
MINNESOTA VALUED AS OF DECEMBER 31, 2007

2. DUE DATE: March 15, 2008

3. CARRIER NAME: _____ 4. CARRIER CODE: _____

5. FILING AS ☐ Group ☐ Individual Company

6. If filing as a group, list individual carrier names or carrier codes.

7. SUBMISSION TYPE

☐ Original ☐ Correction ☐ Voluntary Resubmission

8. SUBMISSION CONTENT

☐ Full ☐ Partial and Not Final ☐ Partial and Final

MAIL CALL AND TRANSMITTAL LETTER TO:

MINNESOTA WORKERS' COMPENSATION
INSURERS ASSOCIATION, INC.
7701 FRANCE AVENUE SOUTH, SUITE 450
MINNEAPOLIS, MINNESOTA 55435

ATTN: ACTUARIAL SERVICES

MWCIA USE ONLY
DATE RECEIVED

RECEIPT MAILED

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
RECEIPT OF CALL NOTIFICATION

9. CALL: POLICY YEAR CALL FOR COMPENSATION EXPERIENCE FOR
MINNESOTA VALUED AS OF DECEMBER 31, 2007

10. DUE DATE: March 15, 2008

11. DATE RECEIVED AT MWCIA _____ BY _____

12. MAIL RECEIPT TO (indicate specific individual):

EXHIBIT II

**MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER**

**SECTION TWO
FIRST REPRINT**

**PART II
PAGE 135**

Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
POLICY YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*		Minnesota		CARRIER CODE		STATE CODE		22	
STATE		Minnesota		TELEPHONE NO.		DATE SUBMITTED			
SUBMITTED BY	Policy Year	Policy Year Accumulated Earned Premium		Net (3)	Paid (9) + (10) (4)	Accumulated Policy Year Incurred Losses - Total		Inured Losses Including IBNR (4) + (5) + (6) (7)	
		Standard at MWCLA Designated Stat. Reporting Level (1)	Standard at Company Level (2)			Outstanding Excluding IBNR (11) + (12) (5)	IBNR (13) + (14) (6)		
A.	Prior to 1986			(3)	(4)	(5)	(6)	(7)	
B.	1986								
C.	1987								
D.	1988								
E.	1989								
F.	1990								
G.	1991								
H.	1992								
I.	1993								
J.	1994								
K.	1995								
L.	1996								
M.	1997								
N.	1998								
O.	1999								
P.	2000								
Q.	2001								
R.	2002								
S.	2003								
T.	2004								
U.	2005								
V.	2006								
W.	2007								
X.	Total to 12-31-07 Sum (A) to (V)								
Y.	Total to 12-31-06 Sum (A) to (V) Last Year								
Z.	Calendar Year 2007 Experience (X) - (Y)								

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

Page 1

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
POLICY YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*	STATE	Minnesota	ACCUMULATED POLICY YEAR INCURRED LOSSES				Outstanding Excluding IBNR				IBNR	
			Incurd Indemnity Claim Count (8)	Indemnity (9)	Paid	Medical (10)	Indemnity (11)	Medical (12)	Indemnity (13)	Medical (14)		
A. Prior to 1986												
B. 1986												
C. 1987												
D. 1988												
E. 1989												
F. 1990												
G. 1991												
H. 1992												
I. 1993												
J. 1994												
K. 1995												
L. 1996												
M. 1997												
N. 1998												
O. 1999												
P. 2000												
Q. 2001												
R. 2002												
S. 2003												
T. 2004												
U. 2005												
V. 2006												
W. 2007												
Total to 12-31-07 Sum (A) to (V)												
Total to 12-31-06 Sum (A) to (V) Last Year												
Calendar Year 2007 Experience (X) - (Y)												

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

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EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II
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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
POLICY YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE 22

Policy Year	Outstanding Excluding IBNR Indemnity		Outstanding Excluding IBNR Medical		NOTE:
	Case (15)	Bulk (16)	Case (17)	Bulk (18)	
A. Prior to 1986					<p>A Does your company currently report all bulk reserves for indemnity and medical under the IBNR columns on page 2? Indicate by placing an "X" in the appropriate space below.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "No," data should be reported in Columns 15 through 18. If "Yes," Columns 15 through 18 should be left blank.</p> <p>B. If your company currently reports any bulk reserves for indemnity and medical under the outstanding excluding IBNR Columns on page 2, then:</p> <p>1. Columns 15+16 on this page must equal Column 11 on page 2.</p> <p>2. Columns 17+18 on this page must equal Column 12 on page 2.</p>
B. 1986					
C. 1987					
D. 1988					
E. 1989					
F. 1990					
G. 1991					
H. 1992					
I. 1993					
J. 1994					
K. 1995					<p>Please indicate if the amounts shown on this page are actual or estimated by placing an "x" on the appropriate space provided below.</p> <p><input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>C. If you have provided estimated amounts, will your company be able to provide MWCIA with actual amounts in subsequent reports?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
L. 1996					
M. 1997					
N. 1998					
O. 1999					
P. 2000					
Q. 2001					
R. 2002					
S. 2003					
T. 2004					
U. 2005					
V. 2006					
W. 2007					
X. Total to 12-31-07 Sum (A) to (V)					
Y. Total to 12-31-06 Sum (A) to (V) Last Year					
Z. Calendar Year 2007 Experience (X) - (Y)					

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
POLICY YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE _____

Policy Year	Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Losses Paid Losses on Closed Claims	
	Accumulated Closed (Paid) (19)	Open (Outstanding) (20)	Indemnity (21)	Medical (22)
A. Prior to 1986				
B. 1986				
C. 1987				
D. 1988				
E. 1989				
F. 1990				
G. 1991				
H. 1992				
I. 1993				
J. 1994				
K. 1995				
L. 1996				
M. 1997				
N. 1998				
O. 1999				
P. 2000				
Q. 2001				
R. 2002				
S. 2003				
T. 2004				
U. 2005				
V. 2006				
W. 2007				
X. Total to 12-31-07 Sum (A) to (V)				
Y. Total to 12-31-06 Sum (A) to (V) Last Year				
Z. Calendar Year 2007 Experience (X) - (Y)				

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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FIRST REPRINT

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PAGE 148

Effective January 1, 2008

TRANSMITTAL LETTER

1. CALL: CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE FOR
MINNESOTA VALUED AS OF DECEMBER 31, 2007

2. DUE DATE: April 1, 2008

3. CARRIER NAME: _____ 4. CARRIER CODE: _____

5. FILING AS ☐ Group ☐ Individual Company

6. If filing as a group, list individual carrier names or carrier codes.

7. SUBMISSION TYPE

☐ Original ☐ Correction ☐ Voluntary Resubmission

8. SUBMISSION CONTENT

☐ Full ☐ Partial and Not Final ☐ Partial and Final

MAIL CALL AND TRANSMITTAL LETTER TO:

MINNESOTA WORKERS' COMPENSATION
INSURERS ASSOCIATION, INC.
7701 FRANCE AVENUE SOUTH, SUITE 450
MINNEAPOLIS, MINNESOTA 55435

ATTN: ACTUARIAL SERVICES

MWCIA USE ONLY
DATE RECEIVED

RECEIPT MAILED

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
RECEIPT OF CALL NOTIFICATION

9. CALL: CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE FOR
MINNESOTA VALUED AS OF DECEMBER 31, 2007

10. DUE DATE: April 1, 2008

11. DATE RECEIVED AT MWCIA _____ BY _____

12. MAIL RECEIPT TO (indicate specific individual):

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*		STATE		MINNESOTA		CARRIER CODE		STATE CODE	
SUBMITTED BY		TITLE		TELEPHONE NO.		DATE SUBMITTED			
Year	Standard at MW/CIA Designated Stat. Reporting Level (1)	Calendar Year Accumulated Earned Premium	Standard at Company Level (2)	Net (3)	Paid (9) + (10) (4)	Accumulated Accident Year Incurred Losses - Total	Outstanding Excluding IBNR (11) + (12) (5)	IBNR (13) + (14) (6)	Incurred Losses Including IBNR (4) + (5) + (6) (7)
A. Prior to 1987									
B. 1987									
C. 1988									
D. 1989									
E. 1990									
F. 1991									
G. 1992									
H. 1993									
I. 1994									
J. 1995									
K. 1996									
L. 1997									
M. 1998									
N. 1999									
O. 2000									
P. 2001									
Q. 2002									
R. 2003									
S. 2004									
T. 2005									
U. 2006									
V. 2007									
Total to 12-31-07									
X. Sum (A) to (U)									
Total to 12-31-06									
Y. Sum (A) to (U)									
Last Year									
Calendar Year									
Z. 2007 Experience									
(X) - (Y)									

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

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EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*	STATE	Incurred Indemnity Claim Count (8)	PAID			ACCUMULATED ACCIDENT YEAR INCURRED LOSSES			IBNR			CARRIER CODE	STATE CODE	22
			Indemnity (9)	Medical (10)	Outstanding Indemnity (11)	Medical (12)	Outstanding Indemnity (13)	Medical (14)						
A. Prior to 1987	Minnesota													
B. 1987														
C. 1988														
D. 1989														
E. 1990														
F. 1991														
G. 1992														
H. 1993														
I. 1994														
J. 1995														
K. 1996														
L. 1997														
M. 1998														
N. 1999														
O. 2000														
P. 2001														
Q. 2002														
R. 2003														
S. 2004														
T. 2005														
U. 2006														
V. 2007														
Total to 12-31-07 Sum (A) to (U)														
Total to 12-31-06 Sum (A) to (U) Last Year														
Calendar Year 2007 Experience (X) - (Y)														

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

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EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE 22

Year	Outstanding Excluding IBNR Indemnity		Outstanding Excluding IBNR Medical		NOTE:
	Case (15)	Bulk (16)	Case (17)	Bulk (18)	
A. Prior to 1987					<p>A Does your company currently report all bulk reserves for indemnity and medical under the IBNR columns on page 2? Indicate by placing an "X" in the appropriate space below.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "No," data should be reported in Columns 15 through 18. If "Yes," Columns 15 through 18 should be left blank.</p> <p>B. If your company currently reports any bulk reserves for indemnity and medical under the outstanding excluding IBNR Columns on page 2, then:</p> <p>1. Columns 15+16 on this page must equal Column 11 on page 2.</p> <p>2. Columns 17+18 on this page must equal Column 12 on page 2.</p> <p>Please indicate if the amounts shown on this page are actual or estimated by placing an "x" on the appropriate space provided below.</p> <p><input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>C. If you have provided estimated amounts, will your company be able to provide MWCLA with actual amounts in subsequent reports?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
B. 1987					
C. 1988					
D. 1989					
E. 1990					
F. 1991					
G. 1992					
H. 1993					
I. 1994					
J. 1995					
K. 1996					
L. 1997					
M. 1998					
N. 1999					
O. 2000					
P. 2001					
Q. 2002					
R. 2003					
S. 2004					
T. 2005					
U. 2006					
V. 2007					
X. Total to 12-31-07 Sum (A) to (U)					
Y. Total to 12-31-06 Sum (A) to (U) Last Year					
Z. Calendar Year 2007 Experience (X) - (Y)					

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II
FIRST REPRINT PAGE 152

Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE _____

Year	Accident Year Incurred Indemnity Claim Count		Accumulated Accident Year Losses Paid Losses on Closed Claims	
	Accumulated Closed (Paid) (19)	Open (Outstanding) (20)	Indemnity (21)	Medical (22)
A. Prior to 1987				
B. 1987				
C. 1988				
D. 1989				
E. 1990				
F. 1991				
G. 1992				
H. 1993				
I. 1994				
J. 1995				
K. 1996				
L. 1997				
M. 1998				
N. 1999				
O. 2000				
P. 2001				
Q. 2002				
R. 2003				
S. 2004				
T. 2005				
U. 2006				
V. 2007				
X. Total to 12-31-07 Sum (A) to (U)				
Y. Total to 12-31-06 Sum (A) to (U) Last Year				
Z. Calendar Year 2007 Experience (X) - (Y)				

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO
FIRST REPRINT

PART II
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Effective January 1, 2008

TRANSMITTAL LETTER

1. CALL: LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE
FOR MINNESOTA VALUED AS OF DECEMBER 31, 2007

2. DUE DATE: March 15, 2008

3. CARRIER NAME: _____ 4. CARRIER CODE: _____

5. FILING AS ☐ Group ☐ Individual Company

6. If filing as a group, list individual carrier names or carrier codes.

7. SUBMISSION TYPE

☐ Original ☐ Correction ☐ Voluntary Resubmission

8. SUBMISSION CONTENT

☐ Full ☐ Partial and Not Final ☐ Partial and Final

MAIL CALL AND TRANSMITTAL LETTER TO:

MINNESOTA WORKERS' COMPENSATION
INSURERS ASSOCIATION, INC.
7701 FRANCE AVENUE SOUTH, SUITE 450
MINNEAPOLIS, MINNESOTA 55435

ATTN: ACTUARIAL SERVICES

MWCIA USE ONLY
DATE RECEIVED

RECEIPT MAILED

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
RECEIPT OF CALL NOTIFICATION

9. CALL: LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE
FOR MINNESOTA VALUED AS OF DECEMBER 31, 2007

10. DUE DATE: March 15, 2008

11. DATE RECEIVED AT MWCIA _____ BY _____

12. MAIL RECEIPT TO (indicate specific individual):

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
 FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO	PART II
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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*	STATE	MINNESOTA	TELEPHONE NO.	TITLE	POLICY YEAR ACCUMULATED EARNED PREMIUM	DATE SUBMITTED	CARRIER CODE	
SUBMITTED BY	POLICY YEAR	STANDARD AT MWCLA DESIGNATED STAT. REPORTING LEVEL (1)	STANDARD AT COMPANY LEVEL (2)	NET (3)	PAID (9) + (10) (4)	ACCUMULATED POLICY YEAR INCURRED LOSSES - TOTAL OUTSTANDING EXCLUDING IBNR (11) + (12) (5)	IBNR (13) + (14) (6)	INCURRED LOSSES INCLUDING IBNR (4) + (5) + (6) (7)
A. Prior to 1986								
B. 1986								
C. 1987								
D. 1988								
E. 1989								
F. 1990								
G. 1991								
H. 1992								
I. 1993								
J. 1994								
K. 1995								
L. 1996								
M. 1997								
N. 1998								
O. 1999								
P. 2000								
Q. 2001								
R. 2002								
S. 2003								
T. 2004								
U. 2005								
V. 2006								
W. 2007								
X. Total to 12-31-07 Sum (A) to (V)								
Y. Total to 12-31-06 Sum (A) to (V) Last Year								
Z. Calendar Year 2007 Experience (X) - (Y)								

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

Page _____

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*	STATE	Minnesota	Injured Indemnity Claim Count (8)	Paid			ACCUMULATED POLICY YEAR INCURRED LOSSES Outstanding Excluding IBNR			IBNR		CARRIER CODE	STATE CODE	22
				Indemnity (9)	Medical (10)	Medical (11)	Indemnity (12)	Medical (13)	Medical (14)					
A. Prior to 1986														
B. 1986														
C. 1987														
D. 1988														
E. 1989														
F. 1990														
G. 1991														
H. 1992														
I. 1993														
J. 1994														
K. 1995														
L. 1996														
M. 1997														
N. 1998														
O. 1999														
P. 2000														
Q. 2001														
R. 2002														
S. 2003														
T. 2004														
U. 2005														
V. 2006														
W. 2007														
Total to 12-31-07 Sum (A) to (V)														
Total to 12-31-06 Sum (A) to (V) Last Year														
Calendar Year 2007 Experience (X) - (Y)														

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

Page 2

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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Effective January 1, 2008

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
LARGE DEDUCTIBLE POLICY YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE 22

Policy Year	Outstanding Excluding IBNR Indemnity		Outstanding Excluding IBNR Medical		NOTE:
	Case	Bulk	Case	Bulk	
	(15)	(16)	(17)	(18)	
A. Prior to 1986					<p>A Does your company currently report all bulk reserves for indemnity and medical under the IBNR columns on page 2? Indicate by placing an "X" in the appropriate space below.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "No," data should be reported in Columns 15 through 18. If "Yes," Columns 15 through 18 should be left blank.</p> <p>B. If your company currently reports any bulk reserves for indemnity and medical under the outstanding excluding IBNR Columns on page 2, then:</p> <p>1. Columns 15+16 on this page must equal Column 11 on page 2.</p> <p>2. Columns 17+18 on this page must equal Column 12 on page 2.</p> <p>Please indicate if the amounts shown on this page are actual or estimated by placing an "x" on the appropriate space provided below.</p> <p><input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>C. If you have provided estimated amounts, will your company be able to provide MWCLA with actual amounts in subsequent reports?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
B. 1986					
C. 1987					
D. 1988					
E. 1989					
F. 1990					
G. 1991					
H. 1992					
I. 1993					
J. 1994					
K. 1995					
L. 1996					
M. 1997					
N. 1998					
O. 1999					
P. 2000					
Q. 2001					
R. 2002					
S. 2003					
T. 2004					
U. 2005					
V. 2006					
W. 2007					
X. Total to 12-31-07 Sum (A) to (V)					
Y. Total to 12-31-06 Sum (A) to (V) Last Year					
Z. Calendar Year 2007 Experience (X) - (Y)					

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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TRANSMITTAL LETTER

1. CALL: LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION
EXPERIENCE FOR MINNESOTA VALUED AS OF DECEMBER 31, 2007

2. DUE DATE: April 1, 2008

3. CARRIER NAME: _____ 4. CARRIER CODE: _____

5. FILING AS ☐ Group ☐ Individual Company

6. If filing as a group, list individual carrier names or carrier codes.

7. SUBMISSION TYPE

☐ Original ☐ Correction ☐ Voluntary Resubmission

8. SUBMISSION CONTENT

☐ Full ☐ Partial and Not Final ☐ Partial and Final

MAIL CALL AND TRANSMITTAL LETTER TO:

MINNESOTA WORKERS' COMPENSATION
INSURERS ASSOCIATION, INC.
7701 FRANCE AVENUE SOUTH, SUITE 450
MINNEAPOLIS, MINNESOTA 55435

ATTN: ACTUARIAL SERVICES

MWCIA USE ONLY
DATE RECEIVED

RECEIPT MAILED

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
RECEIPT OF CALL NOTIFICATION

9. CALL: LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION
EXPERIENCE FOR MINNESOTA VALUED AS OF DECEMBER 31, 2007

10. DUE DATE: April 1, 2008

11. DATE RECEIVED AT MWCIA _____ BY _____

12. MAIL RECEIPT TO (indicate specific individual):

EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.

LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*		CARRIER CODE		STATE CODE		22	
STATE		Minnesota		TELEPHONE NO.			
SUBMITTED BY		TITLE		DATE SUBMITTED			
Year	Standard as MWCLA Designated Stat Reporting Level (1)	Calendar Year Accumulated Earned Premium	Standard at Company Level (2)	Net (3)	Paid (9) + (10) (4)	Accumulated Accident Year Incurred Losses - Total	Outstanding Excluding IBNR (11) + (12) (5)
						IBNR (13) + (14) (6)	Inured Losses Including IBNR (4) + (5) + (6) (7)
A. Prior to 1987							
B. 1987							
C. 1988							
D. 1989							
E. 1990							
F. 1991							
G. 1992							
H. 1993							
I. 1994							
J. 1995							
K. 1996							
L. 1997							
M. 1998							
N. 1999							
O. 2000							
P. 2001							
Q. 2002							
R. 2003							
S. 2004							
T. 2005							
U. 2006							
V. 2007							
Total to 12-31-07 Sum (A) to (U)							
Total to 12-31-06 Sum (A) to (U) Last Year							
Z. 2007 Experience Calendar Year (X) - (Y)							

* If this is a group report, list all carriers name or carrier codes for which any experience is reported.

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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE VALUED AS OF DECEMBER 31, 2007

CARRIER(S)*	STATE	Minnesota	ACCUMULATED ACCIDENT YEAR INCURRED LOSSES				IBNR		
			Incurred Indemnity Claim Count (8)	Paid	Outstanding Excluding IBNR	IBNR	Indemnity (13)	Medical (14)	
				Indemnity (9)	Medical (10)	Indemnity (11)	Medical (12)	Indemnity (13)	Medical (14)
A. Prior to 1987									
B. 1987									
C. 1988									
D. 1989									
E. 1990									
F. 1991									
G. 1992									
H. 1993									
I. 1994									
J. 1995									
K. 1996									
L. 1997									
M. 1998									
N. 1999									
O. 2000									
P. 2001									
Q. 2002									
R. 2003									
S. 2004									
T. 2005									
U. 2006									
V. 2007									
Total to 12-31-07 Sum (A) to (U)									
Total to 12-31-06 Sum (A) to (U) Last Year									
Calendar Year 2007 Experience (X) - (Y)									

* If this is a group report, list all carriers names or carrier codes for which any experience is reported.

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EXHIBIT II

MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

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MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
LARGE DEDUCTIBLE CALENDAR-ACCIDENT YEAR CALL FOR COMPENSATION EXPERIENCE
VALUED AS OF DECEMBER 31, 2007

CARRIER(S) _____ CARRIER CODE _____
STATE Minnesota STATE CODE 22

Year	Outstanding Excluding IBNR Indemnity		Outstanding Excluding IBNR Medical		NOTE:
	Case (15)	Bulk (16)	Case (17)	Bulk (18)	
A. Prior to 1987					<p>A Does your company currently report all bulk reserves for indemnity and medical under the IBNR columns on page 2? Indicate by placing an "X" in the appropriate space below.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "No," data should be reported in Columns 15 through 18. If "Yes," Columns 15 through 18 should be left blank.</p> <p>B. If your company currently reports any bulk reserves for indemnity and medical under the outstanding excluding IBNR Columns on page 2, then:</p> <p>1. Columns 15+16 on this page must equal Column 11 on page 2.</p> <p>2. Columns 17+18 on this page must equal Column 12 on page 2.</p>
B. 1987					
C. 1988					
D. 1989					
E. 1990					
F. 1991					
G. 1992					
H. 1993					
I. 1994					
J. 1995					
K. 1996					<p>Please indicate if the amounts shown on this page are actual or estimated by placing an "x" on the appropriate space provided below.</p> <p><input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>C. If you have provided estimated amounts, will your company be able to provide MWCIA with actual amounts in subsequent reports?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
L. 1997					
M. 1998					
N. 1999					
O. 2000					
P. 2001					
Q. 2002					
R. 2003					
S. 2004					
T. 2005					
U. 2006					
V. 2007					
X. Total to 12-31-07 Sum (A) to (U)					
Y. Total to 12-31-06 Sum (A) to (U) Last Year					
Z. Calendar Year 2007 Experience (X) - (Y)					