

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 yearDue 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 18 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 18 years.)	The decision was made during 2007 to phased-in the 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 yearDue 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.	
The decision was made during 1994 to continue the phased-in expansion of the Calendar-Accident Year Call to ultimately collect 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 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

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

2. DUE DATE: March 15, 203. CARRIER NAME:	08	
3. CARRIER NAME:		
		4. CARRIER CODE:
5. FILING AS	Group	Individual Company
6. If filing as a group, list indiv	ridual carrier names or carrier codes.	
		-
7 CLIDAUCCION TYPE		
7. SUBMISSION TYPE		Tystones Developing
Original	Correction	Voluntary Resubmission
8. SUBMISSION CONTENT	Destidend Net Pind	D. 4: 1 1 E:1
Full	Partial and Not Final	Partial and Final
	RANSMITTAL LETTER TO:	MWCIA USE ONLY DATE RECEIVED
	RKERS' COMPENSATION ASSOCIATION, INC.	
	ENUE SOUTH, SUITE 450 IS, MINNESOTA 55435	RECEIPT MAILED
	UARIAL SERVICES	
MINNESOTA WOI	RKERS' COMPENSATION INSU RECEIPT OF CALL NOTIFIC.	
	CALL FOR COMPENSATION EX LUED AS OF DECEMBER 31, <mark>20</mark>	
10. DUE DATE: March 15, 20	08	
11. DATE RECEIVED AT MW	CIA	BY

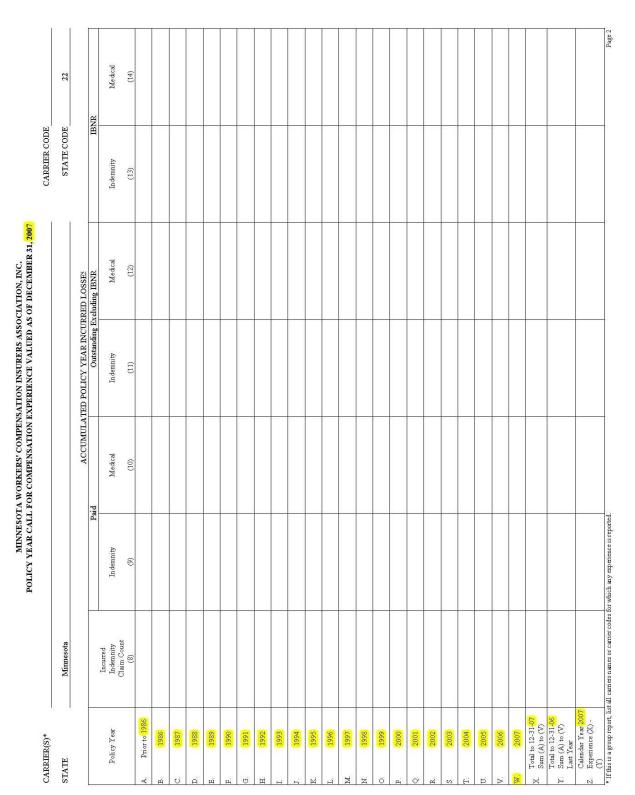
MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II FIRST REPRINT PAGE 135

						CAKKIEK CODE	i i
STATE	Minnesota					STATE CODE	22
SUBMITTED BY		TITLE		TELEPHONE NO.		DATE SUBMITTED	
	Policy	Policy Year Accumulated Earned Premium	mium		Accumulated Policy Y	Accumulated Policy Year Incurred Losses - Total	
Policy Year	Standard at MWCIA Designated Stat. Reporting Level (1)	Standard at Company Level (2)	Net (3)	Pai d (9) + (10) (4)	Outstanding Excluding IBNR (11) + (12) (5)	JENR (13) + (14) (6)	Incurred Losses Including IBNR (4) + (5) + (6) (7)
Prior to 1986	11000						10,000
1986							
1987							
1988							
1989							
1990							
1991							
1992							
1993							
1994							
1995							
1996							
1661							
8661							
1999							
2000							
2001							
2002							
2003							
2004							
2005							
2006							
2007							
Total to 12-31-07 Sum (A) to (V)							
Total to 12-31-06 Sum (A) to (V) Last Year							
Calendar Year							

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

SECTION TWO PART II
FIRST REPRINT PAGE 136



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

SECTION TWO PART II FIRST REPRINT PAGE 137

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	- 1

		Outstanding Ex Inder	xcluding IBNR nnity		Excluding IBNR dical	NOTE: A Does your company
	Policy Year	Case	Bulk	Case	Bulk	currently report all bulk
		(15)	(16)	(17)	(18)	reserves for indemnity and medical under the
A.	Prior to 1986		3 /	3 7		IBNR columns on page
В.	1986					2? Indicate by placing as "X" in the appropriate
						space below.
C.	1987					NoYes If "No," data should be
D.	1988					reported in Columns 15
E.	1989					through 18. If "Yes," Columns 15 through 18
L.	1909					should be left blank.
F.	1990					D If
G.	1991					B. If your company currentl reports any bulk reserves
T.T.	1002					for indemnity and medic
H.	1992					under the outstanding excluding IBNR Column
I.	1993					on page 2, then:
J.	1994					1. Columns 15+16 on this page must equal
						Column 11 on page 2.
K.	1995					2. Columns 17+18 on this page must equal
L.	1996					Column 12 on page 2.
M.	1997					Please indicate if the
						amounts shown on this
N.	1998					page are actual or estimated by placing an "x" on the
Ο.	1999					appropriate space provided
P.	2000					below. ActualEstimated
	2000					
Q.	2001					C. If you have provided estimated amounts, will
R.	2002					your company be able
S.	2002					to provide MWCIA with
5.	2003					actual amounts in subsequent reports?
T.	2004					NoYes
U.	2005					_
V.	2006					_
W.	2007					_
X	Total to 12-31-07 Sum (A) to (V)					
	Total to 12-31-06					
	Sum (A) to (V) Last Year					
	Calendar Year 2007					
Z.	Experience (X) - (Y)					

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

SECTION TWO PART II FIRST REPRINT PAGE 138

Effective January 1, 2008

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

CARRIER CODE

CARRIER(S)

STA	ATE -	Minnesota		STATE CODE	
	T	Policy Ye	ar Incurred Claim Count	Accumulated Po Paid Losses on	licy Year Losses
	Policy Year	Accumulated Closed (Paid) (19)	Open (Outstanding) (20)	Indemnity (21)	Medical (22)
A.	Prior to 1986				
В.	1986				
C.	1987				
D.	1988				
E.	1989				
F.	1990		<u> </u>		
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		27		
T.	2004				
U.	2005				
V.	2006		-		
W.	2007				
	Total to 12-31-07				
X.	Sum (A) to (V)				
Y.	Total to 12-31-06 Sum (A) to (V) Last Year				
Z.	Calendar Year 2007 Experience (X) -				

(Y)

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

SECTION TWO PART II
FIRST REPRINT PAGE 148

Effective January 1, 2008

TRANSMITTAL LETTER

	-ACCIDENT YEAR CALL FOR COM A VALUED AS OF DECEMBER 31, <mark>20</mark>	
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 CONTE	ENT	
Full	Partial and Not Final	Partial and Final
	ID TRANSMITTAL LETTER TO:	MWCIA USE ONLY DATE RECEIVED
INSURE	WORKERS' COMPENSATION RS ASSOCIATION, INC.	
	E AVENUE SOUTH, SUITE 450 POLIS, MINNESOTA 55435	RECEIPT MAILED
ATTN:	ACTUARIAL SERVICES	
MINNESOTA	WORKERS' COMPENSATION INSU RECEIPT OF CALL NOTIFICA	
	-ACCIDENT YEAR CALL FOR COM A VALUED AS OF DECEMBER 31, <mark>20</mark>	
10. DUE DATE: April 1,	2008	
11. DATE RECEIVED AT	MWCIA	BY
12. MAIL RECEIPT TO (ii	ndicate specific individual):	
7		
/		

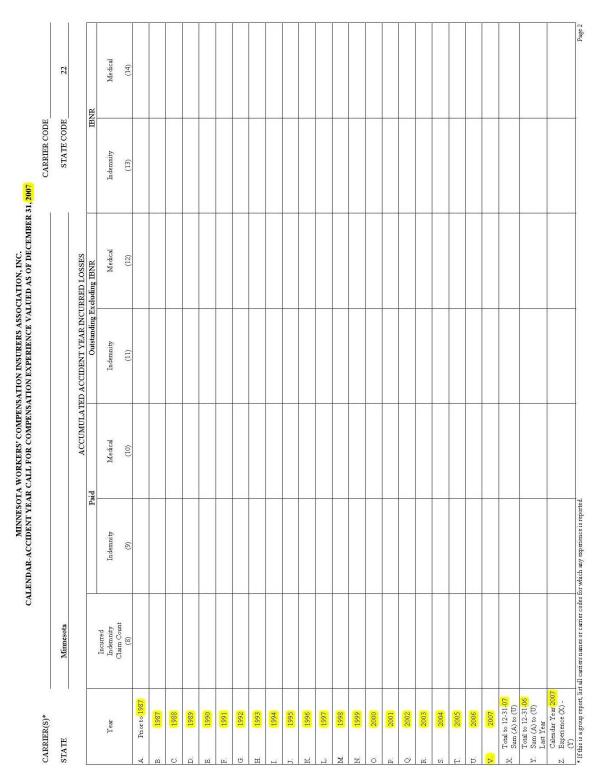
MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II
FIRST REPRINT PAGE 149

CARRIER(S)*						CARRIER CODE	
STATE	Minnesota					STATE CODE	22
SUBMITTED BY		TITLE		TELEPHONE NO.		DATE SUBMITTED	
	Calendar	Calendar Year Accumulated Earned Premium	Premium		Accumulated Accident Y	Accumulated Accident Year Incurred Losses - Total	
Year	Stan dard at MWCIA Designated Stat. Reporting Level	Standard at Company Level	Net	Paid (9) + (10) (4)	Outstanding Excluding IBNR (11) + (12) (5)	BNR (13) + (14) (6)	Incurred Losses Including IBNR (4) + (5) + (6)
A. Prior to 1987		C	Ĝ				3
B. 1987							
C. 1988							
D. 1989							
E. 1990							
F. 1991							
G. 1992							
Н. 1993							
1994							
1995							
K 1996							
1997							
M 1998							
N. 1999			1				
O. <u>2000</u>							
P. 2001							
Q. 2002							
R. 2003							
S. 2004							
T. 2005							
U. 2006							
V. 2007							
X. Total to 12-31-07 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	* If this is a main report, list all carriers names or corrier codes for which any experience is reported	for mixing your general and a contract					

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

SECTION TWO PART II
FIRST REPRINT PAGE 150



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

SECTION TWO PART II
FIRST REPRINT PAGE 151

Effective January 1, 2008

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

CAL	RRIER(S)				_ CARRIER COI)E
STA	ATE _	Minnesota			STATE COI	DE22
			xcluding IBNR	_	Excluding IBNR	NOTE:
	Year	Case	nnity Bulk	Case	edical Bulk	A Does your company currently report all bulk
		(15)	(16)	(17)	(18)	reserves for indemnity and medical under the
A.	Prior to 1987	70. 37	303 - 533 5			IBNR columns on page 2? Indicate by placing a
В.	1987					"X" in the appropriate space below.
C.	1988			V		NoYes If "No," data should be
D.	1989					reported in Columns 15
E.	1990					through 18. If "Yes," Columns 15 through 18
F.	1991			i i		should be left blank.
G.	1992				-	B. If your company currentl reports any bulk reserves
H.	1993					for indemnity and medic under the outstanding
I.	1994			2		excluding IBNR Column on page 2, then:
J.	1995				-	1. Columns 15+16 on this page must equal
K.	1996					Column 11 on page 2 2. Columns 17+18 on
L.	1997					this page must equal Column 12 on page 2
M.	1998			0		Please indicate if the
2000000	-					amounts shown on this
N.	1999					by placing an "x" on the
Ο.	2000					appropriate space provided below.
P.	2001					ActualEstimated
Q.	2002					C. If you have provided estimated amounts, will
R.	2003					your company be able to provide MWCIA with
S.	2004					actual amounts in subsequent reports?
T.	2005					NoYes
U.	2006			5		
V.	2007		-			
	Total to 12-31-07 Sum (A) to (U)					7
3	Total to 12-31-06					
	Sum (A) to (U) Last Year					
	Calendar Year 2007					
	Experience (X) -					

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

CARRIER(S)

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

CARRIER CODE

STA	TE _	Minnesota		STATE CODE	
			ear Incurred		cident Year Losses
	Jawa Yana Lina		Claim Count		Closed Claims
	Year	Accumulated	Open	Indemnity	Medical
		Closed (Paid)	(Outstanding)		
		(19)	(20)	(21)	(22)
A.	Prior to 1987	¥ - (3/	` ′	3.7
3/53	700000710000				
В.	1987				
D.	1507				
C.	1988				
C.	1900				
_	1000				
D.	1989				
E.	1990				
F.	1991				
G.	1992				
H.	1993				
I.	1994				
**	4001				
J.	1995				
J.	1993				
**	1006			(
K.	1996				
L.	1997				
in a					
M.	1998				
N.	1999		10		
				,	
O.	2000				
P.	2001				
Q.	2002		N.		
`					
R.	2003				
	2000				
S.	2004				
υ.	2004				
T.	2005			·	
1.	2003				
U.	2006				
U.	2006				
V.	2007				
	Total to 12-31-07		1		
	Sum (A) to (U)				
-	Total to 12-31-06				
Y.	Sum (A) to (U)				
	Last Year				
	Calendar Year 2007				

Experience (X) -

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

SECTION TWO PART II FIRST REPRINT PAGE 165

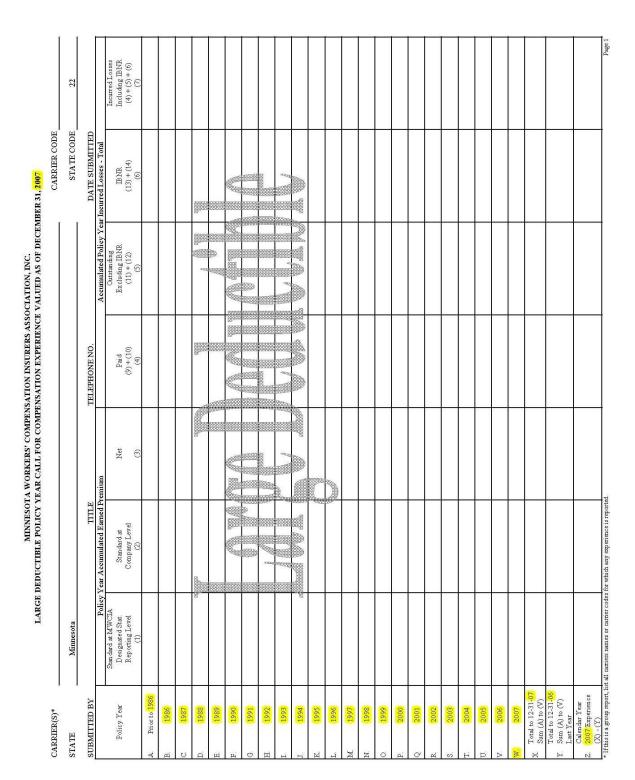
Effective January 1, 2008

TRANSMITTAL LETTER

		31, <mark>2007</mark>
2. DUE DATE: March 1:	5, 2008	
3. CARRIER NAME:		4. CARRIER CODE:
5. FILING AS	Group	Individual Company
6. If filing as a group, list i	ndividual carrier names or carrier codes.	
7 CLIDMISSION TYPE		
7. SUBMISSION TYPE Original	Correction	Voluntary Resubmission
8. SUBMISSION CONTE	_	
Full	Partial and Not Final	Partial and Final
	D TRANSMITTAL LETTER TO:	MWCIA USE ONLY DATE RECEIVED
INSURE 7701 FRANCE	VORKERS' COMPENSATION RS ASSOCIATION, INC. AVENUE SOUTH, SUITE 450 OLIS, MINNESOTA 55435	RECEIPT MAILED
ATTN: A	ACTUARIAL SERVICES	
MINNESOTA	VORKERS' COMPENSATION INSU RECEIPT OF CALL NOTIFIC	
	UCTIBLE POLICY YEAR CALL FO OTA VALUED AS OF DECEMBER	
10. DUE DATE: March 1:	5, <mark>2008</mark>	
	MWCIA	BY
11. DATE RECEIVED AT		

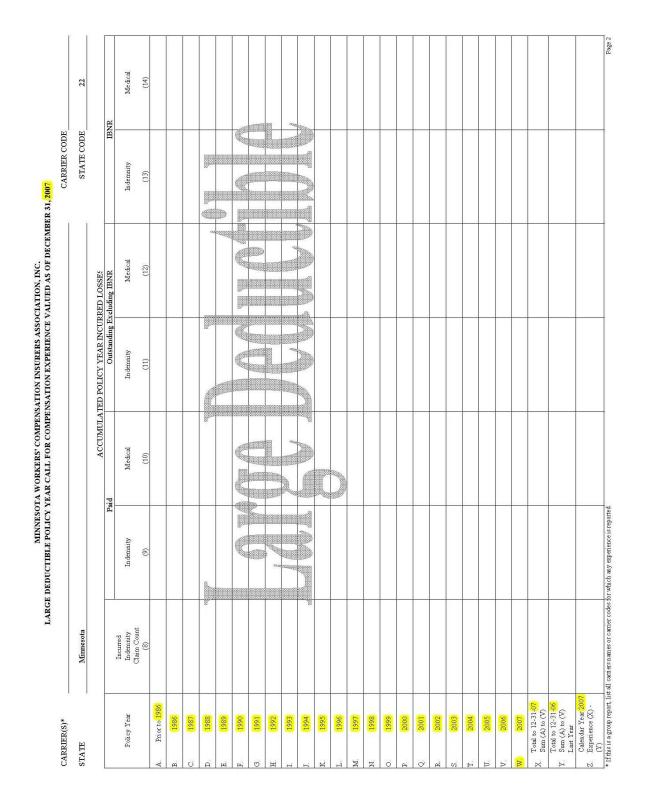
MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II
FIRST REPRINT PAGE 166



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

SECTION TWO PART II FIRST REPRINT PAGE 167



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

SECTION TWO PART II FIRST REPRINT PAGE 168

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 COD	DE 22		
		Outstanding Excluding IBNR		Outstanding Excluding IBNR		NOTE:		
	Policy Year	Indemnity Case Bulk		Medical Case Bulk		A Does your company currently report all bulk		
	,		3 TA BARGA SI- 2000A	357.34(7.330)	pacon decorat	reserves for indemnity		
Α.	Prior to 1986	(15)	(16)	(17)	(18)	and medical under the IBNR columns on page		
	11101 10 1700					2? Indicate by placing a		
В.	1986		0			"X" in the appropriate space below.		
C.	1987					NoYes If "No," data should be		
D.	1988					reported in Columns 15 through 18. If "Yes,"		
E.	1989					Columns 15 through 18 should be left blank.		
F.	1990					B. If your company current		
G.	1991					reports any bulk reserves		
Η.	1992		111		01	under the outstanding excluding IBNR Column		
I.	1993	0.19	171		Th A	on page 2, then: 1. Columns 15+16 on		
J.	1994			7/3/4/7/		this page must equal Column 11 on page 2		
K.	1995		J			2. Columns 17+18 on this page must equal		
L.	1996					Column 12 on page 2		
Μ.	1997					Please indicate if the amounts shown on this		
N.	1998					page are actual or estimated by placing an "x" on the		
Ο.	1999					appropriate space provided below.		
Ρ.	2000					ActualEstimated		
Q.	2001					C. If you have provided estimated amounts, will		
R.	2002					your company be able to provide MWCIA with		
S.	2003					actual amounts in subsequent reports?		
T.	2004					NoYes		
U.	2005							
V.	2006							
W.	2007							
X.	Total to 12-31-07 Sum (A) to (V)							
—	Total to 12-31-06							
Y.	Sum (A) to (V) Last Year							
Z.	Calendar Year 2007 Experience (X) -							

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

SECTION TWO PART II FIRST REPRINT PAGE 175

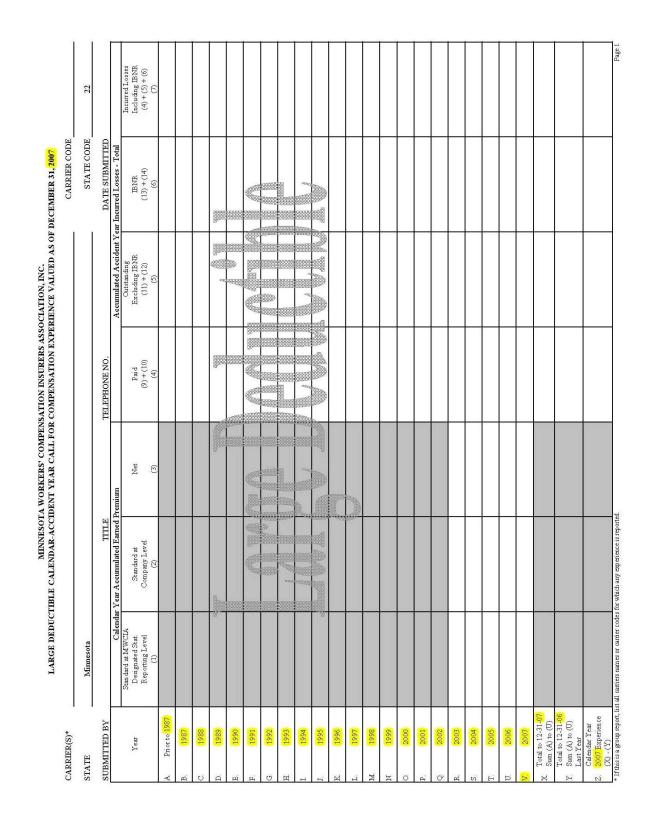
Effective January 1, 2008

TRANSMITTAL LETTER

EALENIEM	CE FOR MINNESOTA VALUED AS O	YEAR CALL FOR COMPENSATION F 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		
3. SUBMISSION CONT	ENT			
Full	Partial and Not Final	Partial and Final		
MAIL CALL A	ND TRANSMITTAL LETTER TO:	MWCIA USE ONLY DATE RECEIVED		
INSURI 7701 FRANC MINNEA	WORKERS' COMPENSATION ERS ASSOCIATION, INC. E AVENUE SOUTH, SUITE 450 POLIS, MINNESOTA 55435 ACTUARIAL SERVICES	RECEIPT MAILED		
	WORKERS' COMPENSATION INSUI			
	DUCTIBLE CALENDAR-ACCIDENT Y CE FOR MINNESOTA VALUED AS OI			
EAPERIENC				
	2008			
). DUE DATE: April 1	<mark>, 2008</mark> T MWCIA	BY		

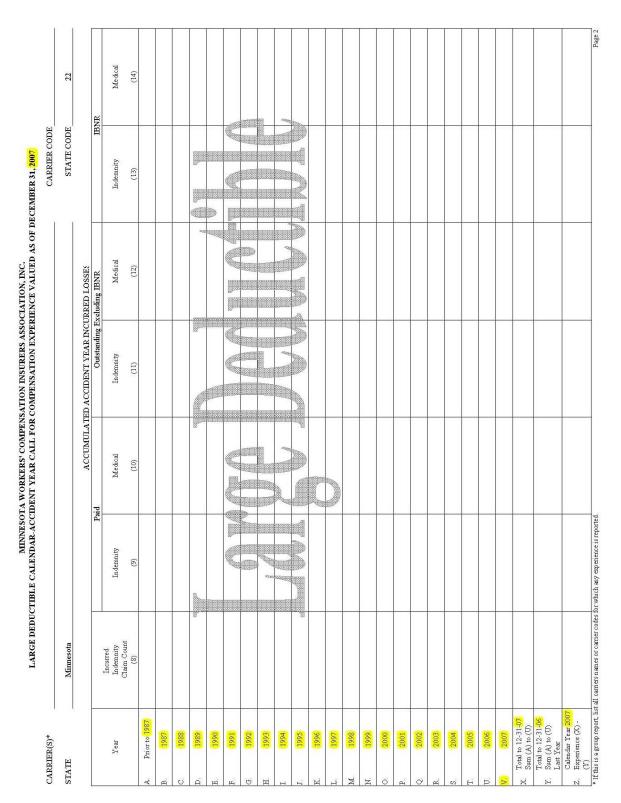
MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC. FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER

SECTION TWO PART II
FIRST REPRINT PAGE 176



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

SECTION TWO PART II
FIRST REPRINT PAGE 177



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

SECTION TWO PART II FIRST REPRINT PAGE 178

Effective January 1, 2008

CARRIER(S)

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

CARRIER CODE

STA	TE .	Minnesota			STATE COI	DE <u>22</u>
		Outstanding Excluding IBNR Indemnity		Outstanding Excluding IBNR Medical		NOTE: A Does your company
	Year	Case	Bulk	Case	Bulk	currently report all bulk
		(15)	(16)	(17)	(18)	reserves for indemnity and medical under the
A.	Prior to 1987					IBNR columns on page 2? Indicate by placing an
В.	1987					"X" in the appropriate space below.
C.	1988					NoYes If "No," data should be
D.	1989					reported in Columns 15 through 18. If "Yes,"
E.	1990		(1)			Columns 15 through 18 should be left blank.
F.	1991	2				B. If your company currently
G.	1992					reports any bulk reserves for indemnity and medica
H.	1993		TN		011	under the outstanding excluding IBNR Columns
I.	1994	())				on page 2, then: 1. Columns 15+16 on
J.	1995				11117	this page must equal Column 11 on page 2.
K.	1996				and y (g) and (g)	2. Columns 17+18 on this page must equal
L.	1997					Column 12 on page 2.
M.	1998					Please indicate if the amounts shown on this
N.	1999					page are actual or estimated
Ο.	2000					by placing an "x" on the appropriate space provided
P.	2001					below. ActualEstimated
Q.	2002					C. If you have provided
R.	2003			3		estimated amounts, will your company be able
S.	2004					to provide MWCIA with actual amounts in
T.	2005					subsequent reports? No Yes
U.	2006					
V.	2007					
	Total to 12-31 <mark>-07</mark> Sum (A) to (U)		1			
	Total to 12-31 <mark>-06</mark>					
	Sum (A) to (U) Last Year					
Z.	Calendar Year <mark>2007</mark> Experience (X) - (V)					