

NEW YORK INSURANCE DEPARTMENT

**REPORT OF CHANGES IN RATES, PROSPECTIVE LOSS COSTS AND RATING RULES
NYSID FORM 129-B**

FOR NEW YORK STATE INSURANCE DEPARTMENT USE ONLY

File No.: R		Type:	Submitted:	Received:		
Assigned:		Examiner:	Unit:			
Company Codes:	- -	- -	- -	- -	- -	- -
PACIFIC LOB codes:	- -	- -	- -	- -	- -	- -
RSO Name:			RSO Ref. No.			
Comments:						

A. INSURER INFORMATION

Insurer's NAIC Code -

Name of Insurer _____ Insurer's File No. _____

B. FILING INFORMATION

- (1) Type of filing (check all that apply):
- (a) RSO rates, prospective loss costs and/or rules
 - (b) Independent rates and/or rules
 - (c) Adoption of RSO rates and/or rules (must complete Part D)
 - (d) Adoption of RSO Loss Cost (must complete Part E, and if applicable, Part F)
 - (e) Other (specify) _____

(2) Indicate kind or type of insurance affected by this filing: _____

(3) Is this filing for a new program or does it otherwise include rates for which your company does not presently have rates in effect? Yes No

(4) Proposed Date(s) of implementation (mm/dd/yy) New Business _____ Renewals _____

(5) Insurer's Annual Written Premium (AWP) for the market affected by the proposed revision: \$, , .00

(6) Overall Statewide effect of this revision on the AWP indicated in (5) above: (indicate "+" or "-") . %

(7) Has investment income been considered in this filing? (Please attach investment income exhibit) Yes No

(8) What is the largest and smallest cumulative effect of all rate, class, territory, increased limits factor, package modifier and any other rating factor changes on any individual class of insureds affected by this filing: (indicate "+" or "-") Largest: . % Smallest: . %

(9) List the last four (4) rate revisions, with respective effective dates, including every revision filed during the preceding 12 months for the class(es) of business affected by this rate revision, indicating the overall rate level effect of each, and whether each such revision was on a "file and use" or "prior approval" basis:

Effective Date(s)	Rate Effect (indicate "+" or "-")	File and Use	Prior Approval
_____	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>

NEW YORK INSURANCE DEPARTMENT

C. FLEX-RATING INFORMATION

(1) Does any portion of this filing affect a market subject to Flex-rating? Yes No

If the answer to (1) is "No", skip remaining questions 2 through 6 and go on to the next applicable Part.

(2) What percentage flex-band applies to the market affected by this filling? +/- _____

(3) Does this revision result in rate level changes that would exceed The flex-band applicable to this market? Yes No

(4) Does this revision include any changes in class, territory, increased limits factors, package modifier or similar rating factor that would affect the rates of any individual Insured by more than +/- 20% in addition to the overall statewide revision? Yes No

(5) Has this insurer made three (3) or more rate filings affecting this market in the preceding twelve (12) months? Yes No

IMPORTANT

IF ANY OF THE RESPONSES TO QUESTIONS 3 THROUGH 5 ABOVE IS "YES", THE FILING IS SUBJECT TO THE SUPERINTENDENT'S PRIOR APPROVAL.

(6) On an attached schedule, please set forth (by class and territory) the rate level effect of this filing, indicating any applicable flex-band(s) and Pivot Rate Level(s) for this kind of business.

AFFIRMATION

I, _____, a duly authorized officer of

_____, do hereby affirm that the foregoing information, including the following (check all that apply):

- PART D - ADOPTION OF RATES AND/OR RULES OF A RATE SERVICE ORGANIZATION
 PART E - ADOPTION OF PROSPECTIVE LOSS COSTS OF A RATE SERVICE ORGANIZATION
 PART F - CALCULATION OF EXPECTED LOSS RATIO
 INVESTMENT INCOME EXHIBIT

and all other attached exhibits, schedules and supporting information, is true to the best of my knowledge and belief.

Signature of Authorized Officer

Date

Name of Authorized Officer (please print)

Address of Insurer

Title

City State Zip Code

Direct Telephone Number

Fax Number

NEW YORK INSURANCE DEPARTMENT

D. ADOPTION OF RATES AND/OR RULES OF A RATE SERVICE ORGANIZATION

[Use Part E for adoption of Prospective Loss Costs]

(Complete this Part only if the filing includes the adoption of rates and/or rules filed with this Department by a Rate Service Organization of which the insurer is a member or subscriber.)

Name of Rate Service Organization

Reference No. of Filing being Adopted

Line, sub-line, Coverage Territory, Class or combination, etc., to which this Part applies

(1) Rate modification:

Check One: The above filing is hereby adopted without modification []
The above filing is hereby adopted subject to the following modification []
(indicate nature and percent modification, and attach all supporting data []
and justification for the modification): (indicate "+" or "-") [] [][][][] . [][]%

(2) Is the modification indicated in (1) above the same modification currently being used by this insurer for this market? Yes [] No []

(3) If the answer to (2) above is "No", what is the rate effect of the change in modification only? (indicate "+" or "-") [] [][][][] . [][]%

NEW YORK INSURANCE DEPARTMENT

E. ADOPTION OF PROSPECTIVE LOSS COSTS OF A RATE SERVICE ORGANIZATION

(Complete this Part only if the filing includes the adoption of prospective loss costs filed with this Department by a Rate Service Organization of which the insurer is a member or subscriber.)

Name of Rate Service Organization

Reference No. of Filing being Adopted

Line, sub-line, Coverage Territory, Class or combination, etc., to which this Part applies

(1) Loss Cost Modification:

Check One: The above filing is hereby adopted without modification []
The above filing is hereby adopted subject to the following modification []
(indicate nature and percent modification, and attach all supporting data []
and justification for the modification): (indicate "+" or "-") [] [][][][] . [][]%

(2) Is the modification indicated in (1) above the same modification currently being used by this insurer for this market? Yes [] No []

(3) If the answer to (2) above is "No", what is the rate effect of the change in modification only? (indicate "+" or "-") [] [][][][] . [][]%

(4) Express the Loss Cost Modification, indicated in (1) above, as a factor: (see instructions) [] . [][][][]

(5) Insurer Expected Loss Ratio (ELR), expressed as a factor: [From Part F, line 10] 0 . [][][][]

(6) Insurer Formula Loss Cost Multiplier: [(4) divided by (5)] [] . [][][][]

(7) Insurer Selected Loss Cost Multiplier: [Explain any differences between (6) and (7)]: [] . [][][][]

(8) Is the ELR indicated in (5) above the same as the ELR currently being used by this insurer for the Line, Sub-line, etc., indicated above? Yes [] No []

(9) If the answer to (8) above is "No", what is the rate effect of the change in ELR only? (indicate "+" or "-") [] [][][][] . [][]%

(10) Has Part F, Calculation of Expected Loss Ratio, containing the supporting data for the ELR indicated in (5) above, been previously filed with this Department within the past 3 years? Yes [] No []

IF THE ANSWER TO EITHER QUESTION (8) OR (10) IS "NO", PART F, CALCULATION OF EXPECTED LOSS RATIO, MUST BE COMPLETED

(11) Will any expense constant be used in conjunction with these prospective loss costs to develop final rates? Yes [] No []

If "Yes", indicate the expense constant(s) and attach all supporting information

NEW YORK INSURANCE DEPARTMENT

F. CALCULATION OF EXPECTED LOSS RATIO

(Complete this Part if the calculation of the Expected Loss Ratio that the insurer intends to use with its Prospective Loss Costs to determine final rates is new or has not been filed with this Department within the past three years. Ratios for this Part are to be derived, whenever possible, directly from the insurer's Insurance Expense Exhibits, as filed with this Department)

Line, sub-line, Coverage Territory, Class or combination, etc., to which this Part applies

Indicate the three most recent years' expense ratios (not the actual dollars spent), for DIRECT BUSINESS for the applicable line of insurance:

	Year	_____	_____	_____	<u>Average</u>	<u>Selected</u>				
(1) Commissions and Brokerage:		_____	_____	_____	_____	_____				
(2) Other Acquisition Expenses:		_____	_____	_____	_____	_____				
(3) General Expenses:		_____	_____	_____	_____	_____				
(4) Taxes, licenses and fees:		_____	_____	_____	_____	_____				
(5) Other (attach explanation):		_____	_____	_____	_____	_____				
(6) Profit and contingencies:						_____				
(7) Total selected lines (1) through (6):						_____				
(8) Investment income (attach investment income exhibit or explanation of how investment income is reflected):						_____				
(9) Line (7) minus line (8):						_____				
(10) Expected Loss Ratio [1.000 minus line (9)] (used in Part E, line 5)					0 .	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

(11) If any of the selected expense provisions deviate from the insurer's own averages, as shown above, identify each such deviation, indicate the specific reasons therefor, and attach all schedules and other information supporting the deviation: