

Due Date: April 28, 2023

Draft

I. Expense Exhibit		Calendar Year		
			Amount	% of EP^3
1.	Earned Premium ¹			
2.	Incurred Losses ²			
3.	Incurred Allocated Loss Adjustment Expenses			
4.	Unallocated Loss Adjustment Expenses a. Incurred			
	b. Paid			
5.	Commission and Brokerage Incurred			
6.	Taxes, Licenses and Fees Incurred			_
7.	Other Acquisition Expenses			_
8.	General Expenses			
9.	Total All Expenses (sum of 3., 4a., and 5 to 8.	.)		
1. 2. 3. 4.	Must agree with Part b, Column (1) Total of Section III, C Must agree with Column (6), Line (e) "YTD Change" in Se Please go to page 8 for the explanation. % of Earned Premium Actual California (C) or Apportionment (A)			or the explanation
Nam	ne	Title		
Ema	.di	Date Filed		
LIIId	"	Date Filed		
Tele	phone No.	Fax No.		
Mailing Address:		9999		
		Group Code		
		Sample Data Call		
		Group Name		



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I. E	cpense Exhibit (continued)	Calendar Year 2022
10.	Please report the amount of civil or criminal fines, penalties or	
	punitive damages pertaining to or arising from California workers' compensation. (These amounts are also to be included in items 2 to 8 as appropriate.)	
11.	Please report the amount of additional fines and penalties pertaining to California workers' compensation. (These amounts are also to be included in items 2 to 8 as appropriate.)	
12.	Please report the amount of applicant attorney expenses paid pertaining to or arising from California workers' compensation claims.	
13.	Please report the amount of defense attorney expenses paid pertaining to or arising from California workers' compensation claims.	



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 Expense 	Exhibit ((continued)
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14. Does your company write workers' compensation large deductible policies in any state?

If yes, please explain how the premium and losses for these policies were adjusted to a full coverage basis in making apportionments of national workers' compensation expense data to California. Show reconciliation, if appropriate. If this cannot be done using the explanation field below, after submitting this Expense Call please email an attachment with the full reconciliation details and include your reporting group name and code, data call code, and version / revision # to: eSCAD@wcirb.com.

15. Does your company act as an assigned risk servicing carrier for workers' compensation in other states?

If yes, please explain how reimbursements for assigned risk servicing carrier expenses are accounted for; and if the expense reimbursements are netted against actual expense incurred, explain how national workers' compensation expenses were adjusted to a basis gross of reimbursements. Show reconciliation, if appropriate. If this cannot be done using the explanation field below, after submitting this Expense Call please email an attachment with the full reconciliation details and include your reporting group name and code, data call code, and version / revision # to: eSCAD@wcirb.com.

16. Please provide explanations for any negative amounts reported on this call for 2022 expenses.



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I. Expense Exhibit (continued)

Countrywide Amount	Countrywide	Amounts
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For Questions 17a-g, please provide the countrywide (direct business) information from Part III, line 16 of the Insurance Expense Exhibit (IEE) or on a basis that is comparable to IEE information for the calendar year for the insurers that are represented in this Expense Call. (<u>Please use whole dollars.</u>) For Question 17h, please provide on a basis consistent with other open indemnity claim count information provided to the WCIRB (see instructions).

	IIISU	ructions).	
	a.	IEE Incurred ULAE (Adjusting & Other Expenses Incurred or AOE on IEE)	\$
	b.	IEE ULAE Reserves (Unpaid AOE on IEE)	\$
	c.	Paid ULAE (see instructions)	\$
	d.	IEE Incurred Losses	\$
	e.	IEE Loss Reserves (Unpaid Losses on IEE)	\$
	f.	Paid Losses (see instructions)	\$
	g.	Countrywide Paid Loss Below Deductibles (i.e., paid losses up to a loss deductible amount which are not included in reported IEE paid loss amounts)	\$
	h.	Countrywide Open Indemnity Claim Counts as of December 31, 2021 for Accident Years 1989 and forward (i.e., end of the prior calendar year)	
18.	Clai	ms-handling and Other Service Fee Adjustments in ULAE	
	a.	Does your company record any negative ULAE amounts in the IEE for reimbursement provided to policyholders (such as for claims below a deductible amount) or other serveduce the amount of ULAE reported on Part III, line 16 of the IEE?	
	b.	If "Yes", please provide the total amount for which Paid ULAE is reduced on the IEE as described above:	for all adjustments
			Ψ
19.	Har	ndling of Third-Party Administrator (TPA) Expenses in ULAE (Deductible Policies)	
	a.	For business written on a deductible basis, does your company (or the policyholder) handle claims below the deductible, for which the associated claims-handling costs of are not included in ULAE reported on Part III, line 16 of the IEE?	
	b.	If "Yes", please provide the countrywide amount of total calendar year paid losses C percentage of business from policies that are handled by TPA on this basis	R the approximate
			\$
20. Handling of Third-Party Administrator (TPA) Expenses in ULAE (Non-Deductible Policies)			
	a.	Does your company make use of TPAs to handle claims on non-deductible policies, f associated claims-handling costs or fees of the TPA are not included in ULAE reported 16 of the IEE?	
	b.	If "Yes", please provide the countrywide amount of total calendar year paid losses C percentage of business from policies that are handled by TPA on this basis	PR the approximate

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II. Reconciliation Report Exhibit

		Direct Earned Premium	Direct Incurred Losses
1.	Amount from Section I, Expense Exhibit 1		
2.	Deductible credit or loss deductible amounts excluded from 1		
3.	Net of Deductible Amount {1. minus 2.}		
4.	Excess Insurance		
5.	USL&H Insurance		
6.	Private Residence Employees Insurance		
7.	National Defense Projects Insurance		
8.	Charge For Terrorism Coverage		
9.	Retrospective Rating Plan Adjustments		
10.	Voluntary Reserves		
11.	TOTAL (sum of 3. to 10.)		
12.	California Annual Statement Exhibit of Premiums and Losses ²		
13.	Difference (11. minus 12.)		
14.	Grand Total Annual Statement Exhibit of Premiums and Losses	2	
1. 2.	Line 1 for premium and line 2 for losses. Statutory Page 14, line 16, column 2 for earned premiums and column 6 for inc	curred losses.	



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II. Reconciliation Report Exhibit (continued)

In the table below, please list each company included in the group separately with the individual insurer Exhibit of Premiums and Losses (Statutory Page 14) – California data from the 2022 Annual Statement:

2022 Annual Statement Exhibit of Premiums and Losses (Statutory Page 14) - California

		1	2	3	4	5
		Direct	Direct		Direct	
	Individual Insurers in Group	Written Premium	Earned Premium	Dividends Paid	Incurred Losses	NAIC Code
1.	9999, Sample Data Call					N/A
	Total:					



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Data Call for Direct California Workers' Compensation Experience

Calendar Year 2022 (CA-EX-2022)

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Companies included in the report

Code	Name	Status
9999	Sample Data Call	Active