THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF CONSUMER AFFAIRS
DIVISION OF INSURANCE
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PRISCILLA H. DOUGLAS
SECRETARY
LINDA RUTHARDT
COMMISSIONER

Bulletin DOI 93-04

TO: All companies writing credit involuntary unemployment insurance
FROM: Linda Ruthardt, Commissioner of Insurance
DATE: November 18, 1993
RE: Rate filing and annual reporting requirements

I. Rate Filing Requirements

All credit involuntary unemployment insurance rate and policy filings made pursuant to M.G.L. ch. 175 section 117D (c) (A) shall be forwarded to the Division of Insurance for prior approval and shall include, at a minimum, the following information:

A. Substantial support for loss and other rate components, including:

1. Relevant employment statistics (national, statewide and/or regional, as applicable)
2. Most recent three (3) year experience from the NAIC annual statement Insurance Expense Exhibit for Credit Insurance (Line 28)
3. Narrative explanation of any difference between selected rate components and expense ratios contained in 2. above

B. An actuarial memorandum describing all calculations set forth in A. above, which includes certification by a member of the Casualty Actuarial Society or Society of Actuaries that the proposed rates will be expected to produce a loss ratio in conformance with M.G.L. ch.175 section 117D (c) (A).

C. The most recent five (5) year historical Massachusetts loss ratio experience (Comparable countrywide and regional experience should be provided in the absence of Massachusetts policy experience.)

D. A description of the relativity between proposed rates and those underlying the premiums in C. above.

E. The most recent three (3) year actual Massachusetts loss experience, as measured by losses per $100 of exposure (Comparable countrywide and regional experience should be provided in the absence of Massachusetts policy experience.)

II. Annual Reporting Requirements

Additionally, pursuant to M.G.L. ch. 175 section 117D (c) (B), all pertinent credit involuntary unemployment insurance experience shall be filed with the Division of Insurance annually on the attached form, on or before July 1 of each year, for the preceding calendar year.

Credit Involuntary Unemployment Insurance
for the year ended December 31, 19____
of the _____ Insurance Company
Address_____
_____

NAIC Group Code _____

NAIC Company Code _____

Employers ID No. _____

To be filed on or before July 1
Direct Business in the State of Massachusetts

	30 Day Retro	30 Day Non-Retro	Other	Total
1. Earned Premiums:				
A. Gross written premiums.....				
B. Refunds on terminations.....				
C. Net written premiums (A-B)...				
D. Premium reserves, start of period.....				
E. Premium reserves, end of period.....				
F. Actual earned premium (C+D-E).....				
2. Incurred Claims:				
A, Claims Paid...				
B. Unreported claim reserve, start of period				
C. Unreported claim reserve, end of period				
D. Claim reserves, start of period.....				
E. Claim reserves, end of period.....				
F. Incurred claims (A-B+C-D+E).....				
3. Loss Ratio (2F/1F):				