Exhibit A

Annual Medical Malpractice Reporting Form

1. Company Name

Part of group:

2. Coverage Classification

3. a. Term of policies written

b. Is this coverage written on a claims-made or occurrence basis?

      Claims-made _____   Occurrence

c. Company written premium (latest calendar year)

      West Virginia _____   Countrywide

4. Number of West Virginia policies in force in each of the last five years.

# of policies	% change
5th prior year 19 __	_____
4th prior year 19 __	_____
3rd prior year 19 __	_____
2nd prior year 19 __	_____
1st prior year 19 __	_____
Report year 19 __	_____

5. Provide the following information:

West Virginia

	Earned Premium (000)	Incurred Losses (000)	Change in IBNR (000)	Loss Ratio
5th prior year 19 __		____	____	____
4th prior year 19 __		____	____	____
3rd prior year 19 __		____	____	____
2nd prior year 19 __		____	____	____
1st prior year 19 __		____	____	____
Report year 19 __		____	____	____
Total		____	____	____

Countrywide

	Earned Premium (000)	Incurred Losses (000)	Change in IBNR (000)	Loss Ratio
5th prior year 19 __		____	____	____
4th prior year 19 __		____	____	____
3rd prior year 19 __		____	____	____
2nd prior year 19 __		____	____	____
1st prior year 19 __		____	____	____
Report year 19 __		____	____	____
Total		____	____	____

6. Relative to No. 5 above, address in narrative form the following requests for information. If the ratemaking methodology changed from one year to the next, explain the specific change(s) and the year(s) in which the methodology changed.

a. Explain loss development and loss adjustment expenses. Provide detailed data showing the quantification and formulation of loss development and loss adjustment expenses, along with an explanation of the methodology used to determine such costs. Provide a clear indication of the cost components of these expenses by significant categories.

b. Explain trending methods used. Provide trended loss data (by significant loss category) and provide a clear explanation of the trending methodology and mathematics. Provide all formulas and calculations used in formulation of the trended data.

c. Explain the manner in which credibility of data is considered in your ratemaking process. Show all formulas, applications and methodology used to formulate credibility measurements.

d. Explain your permissible loss ratio including the manner in which this value was determined. Provide formulas, budgets, etc. which show the formulation for this ratio.

e. Explain your indicated rate level. Provide all mathematical formulas and calculations which show the complete delineation of the method used to calculate the indicated rate level.

f. Explain the manner in which investment income is considered when a final rate level is selected. Provide a complete breakdown of the formulas, variables and methodology used to calculate the investment income yield. Further, provide a breakdown of all variables, methodology and calculations which apply the calculated investment income to the ratemaking process. Explain the manner in which investment income is used as a variable during the formulation of the indicated rate levels.

7. Provide a summary of the developed data and experience in No. 6 as follows:

Current Level Earned Premium	Trended Developed Incurred Losses	Loss Ratio

5th prior year 19 __	____	____	____
4th prior year 19 __	____	____	____
3rd prior year 19 __	____	____	____
2nd prior year 19 __	____	____	____
1st prior year 19 __	____	____	____
Report year 19 __	____	____	____
Total	____	____	____

Provide all calculations, formulas and data utilized to calculate the trended developed incurred losses, referred to above.

8. Provide the following information in regard to business expense provisions which are used to determine a permissible loss ratio.

Commission and Brokerage   _____%
New Acquisition
General
Taxes, Licenses, Fees, Etc.
Other
Profit and Contingencies
TOTAL EXPENSES

Pure Permissible Loss Ratio
Loss Adjustment Expense
        Allocated
        Unallocated
TOTAL PERMISSIBLE LOSS AND
  LOSS ADJUSTMENT EXPENSE RATIO

a. Provide all factors, vectors, allocators, variables and considerations which would assign the stated costs and revenues requirements to West Virginia operations.

b. Provide a breakdown of the calculations, variables or managerial policies which would show the details of the delineation of the value placed in the profit and contingency blank of the annual financial statement.

9. Provide the following information in regard to an insurance expense exhibit and incurred ratios (%) on a written premium basis.

	19__	19__	19__	19__	19__	Combined Average
a. Commission and Brokerage		__	__	__	__	__
b. New Acquisition	__	__	__	__	__	
c. General __	__	__	__	__		
d. Taxes, etc.	__	__	__	__	__	
e. Subtotal (a) + (b) + (c) + (d)	__	__	__	__	__	
f. West Virginia Loss Ratio (Ques. 9)	__	__	__	__	__	
g. Combined Ratio (e) + (f)	__	__	__	__	__	
h. Investment Gain/(Loss)	__	__	__	__	__	

10. Provide the following information in regard to specific claims, underwriting and investment results for the reporting year.

a. The number of claims filed peer category
b. The number of civil actions filed
c. The number of civil actions compromised or settled
d. The number of verdicts in civil actions
e. The number of civil actions appealed
f. The number of civil actions dismissed
g. a. The total dollar amount paid in claims compromised or settled $
h. The total dollar amount paid pursuant to judgments in civil actions $
i. The number of claims closed without payment and the amount held in reserve for all such claims by vintage year $
j. The total dollar amount expended for loss adjustment expenses, commission and brokerage expense:
    Loss Adjustment Expense $
    Commissions $
    Brokerage Expenses $
      TOTAL $
k. The total dollar amount expended in defense and litigation of claims $
l. The total dollar amount held in reserve for anticipated claims:
    Incurred and Reported $
    Incurred But Not Reported $
      TOTAL $
m. Net Profit or Loss

n. Investment and other income on net
realized capital gains and loss reserves
and unearned premiums

o. The number of malpractice insurance
  policies canceled for reasons other than
  nonpayment of premiums

Explanatory notes for #10 above:

a. 10(i) This dollar figure is the reserve released when a claim involving no payment to the plaintiff is closed.

b. 10(m) This amount is determined by using your West Virginia premium, claims and expense data in exactly the same manner as required in the annual financial statement, Underwriting and Investment Exhibit's section on "Underwriting Income." The calculations of this report.

c. 10(n) If your company has not separately accounted for investment income including net realized capital gains, and other income derived from assets representing loss reserves and unearned premium reserves on medical malpractice business you wrote in West Virginia, you must calculate the required figure in the following manner:

i. Divide the sum of loss reserves, including loss adjustment expense reserves, and unearned premium reserves on West Virginia medical malpractice business by the total of all liabilities and that portion of your surplus in excess of your minimum capital and surplus requirement.

ii. Determine the investment income and other income including capital gains attributable to your West Virginia medical malpractice business by multiplying each figure in the "Investment Income: and "Other Income" sections of the Underwriting and Investment Exhibit of your annual financial statement for the preceding calendar year by the ratio calculated in (a) above.

11. Attach as Exhibit B your loss experience in West Virginia for this individual coverage classification during the preceding calendar year using the same format as Schedule P of the annual financial statement.

12. Attach as Exhibit C your West Virginia experience for this individual coverage classification using the same format as the Underwriting and Investment Exhibit of the annual financial statement.

The above information is correct to the best of my knowledge and belief.

Name (type or print)

Title

Address

Telephone Number

Signature