

APPENDIX E

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE
LOSS COSTS RATE FILING ABSTRACT**

I. GENERAL INFORMATION

1. INSURER NAME: _____

ADDRESS: _____

GROUP: _____

2. INSURER NAIC # _____

3. LINE OF INSURANCE: _____

4. RATING ORGANIZATION: _____

LOSS COST REFERENCE FILING # _____

The above insurer hereby declares that it is a participant of the named rating organization. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustments specified below.

5. CURRENT LOSS COST MULTIPLIER: _____

6. PROPOSED LOSS COST MULTIPLIER: _____

If you are proposing to make a change to your current multiplier, you must submit an explanation and justification which supports the proposed change.

7. AMOUNT OF CHANGE DUE TO ADOPTION ONLY _____ %
 AMOUNT OF CHANGE DUE TO MULTIPLIER CHANGE _____ %
 PROPOSED OVERALL CHANGE _____ %

8. PROPOSED EFFECTIVE DATE FOR THIS FILING _____

9. AMOUNT OF OVERALL PRIOR RATE CHANGE _____ %
 EFFECTIVE DATE OF PRIOR RATE CHANGE _____
 LOSS COST REFERENCE FILING # OF PRIOR CHANGE _____

10. NUMBER OF POLICYHOLDERS AFFECTED BY THIS PROPOSAL _____

The insurer hereby requests that its loss costs adjustment be applicable to future revisions of the rating organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rating organization's loss costs and the insurer's loss cost adjustments. The rates will apply to policies written on or after the effective date of the rating organization's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer, except that Loss Cost Modifications are renewable annually.

II. PRICING INFORMATION

1. NSURER LOSS COST MODIFICATION

SELECT ONE

The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing without modification.

The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Document with the following modification(s). (Cite nature and percent deviation, and attach supporting data and /or rationale for the deviation

2. INSURER EXPENSE COMPONENT (Attach exhibit detailing insurer expense data/and or other supporting information. Use separate sheets if more than one set of expenses is to be used.)

a) Total Production Expense _____ %
 b) General Expense _____ %
 c) Taxes, Licenses & Fees _____ %
 d) Underwriting Profit and Contingencies _____ %
 e) Miscellaneous _____ %
 f) Investment Income _____ () %
 g) TOTAL _____ %

3. INSURER LOSS COST ADJUSTMENT MULTIPLIER (combination of Insurer Loss Cost Modification [A. Above] and Insurer Expense Component [B. Above]) Attach separate sheets if needed. _____

If the information is not available and the proposed adjustments are based on other than the above information, explain basis for development of adjustments.

4. INSURER EXPENSE CONSTANT (if applicable) _____

CERTIFICATION: I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____