

APPENDIX G

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

PROPERTY AND CASUALTY INSURANCE FORM FILING ABSTRACT

INSTRUCTIONS: All questions must be answered. (If none, state none.) If this is a combination Rate & Form Filing, then Appendix F/Property and Casualty Insurance Rate Filing Abstract PCA-R-2004 must also be completed. Companies filing as a group may use a consolidated abstract if all forms are identical. Individual companies and Group must be identified.

1. Date filed: _____ Proposed effective date: _____

2. Company name(s): _____

Group name: _____

3. (a) Annual statement line of business number: _____

(b) Class of business: _____

(c) Coverages affected: _____

(d) Number of present policyholders potentially affected by this filing: _____

4. (a) Name of rating organization, if any: _____

(b) Affiliation: Member Subscriber

For Rules Rates Forms

5. Is this a reference filing? Yes No If yes, provide the following:

- (a) Filing designation and name: _____
- (b) Date of filing: _____
- (c) Date approved for use in WV: _____

6. Provide the information requested on Page 2 of this form.

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

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

APPENDIX G

PROPERTY AND CASUALTY INSURANCE FORM FILING ABSTRACT

Old Form #	Old Form Effective Date	New form #	Description of changes	Mandatory or Optional?	Broaden, Restrict,* or Clarify Coverage?

*Note: If the form broadens or restricts coverage, please describe how the coverage is broadened or restricted in this filing.