

INSTRUCTIONS FOR PART 4203 – SUBPART A COST CONTAINMENT FORM AND DATA REPORTING REQUIREMENTS

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Section 5: Purpose and Scope

The purpose is to establish *form and data reporting requirements* for the specific information required to be reported to the Director of Insurance by Section 215 ILCS 5/1204 of the Illinois Insurance Code (215 ILCS 5/1204) and to establish the medium upon which such information shall be transmitted to the Director by Part 4203 of the Illinois Administrative Code (50 Ill Adm. Code Part 4203).

Compliance with this data call shall apply to each company licensed to write property or casualty insurance in this State pursuant to Section 4, Class 2 and/or Class 3 of the Illinois Insurance Code (215 ILCS 5/1200).

Section 10: Data Collection Procedures

a. Scope of Procedure

These procedures are applicable to all companies licensed to write direct property and liability business written by insurers licensed by the State of Illinois. Each insurer will report its business written separately for Illinois and multi-state for each line, sub-line, class, or endorsement specified in Part 4203 – Subpart A. Where zip code reporting is required, each line, sub-line, or class shall be reported separately for each zip code. Zip code reporting will be required for **Illinois** personal line business. Only data for the voluntary market should be reported.

Multi-state records:

- Multi-state records should include Illinois premiums & losses. That is, they must reflect the amount of business written in Illinois plus all other states.
- The filing of multi-state records are only required if Illinois business for that line of insurance and/or class code was written.
- When multi-state data is required, the reported amounts should reflect the experience for all policies regardless whether the policy included exposure in Illinois or not (e.g., if business is written for Homeowners Multiple Peril in Illinois, then the experience for Homeowners policies only covering homes in California must be included in the multi-state record amounts).

NOTE: If your company does not write a particular line of business in the State of Illinois, **NO RECORDS (IL OR MS) ARE REQUIRED** for that line of business.

b. Submission of Data

There is one filing date each year. Data must be submitted no later than November 30th of each year. The submission will be mailed to the Illinois Department of Financial and Professional Regulation, Division of Insurance, Cost Containment Section, 320 W. Washington, Springfield, Illinois 62767-0001.

c. Methods of Compiling Annual Experience

Experience for each class or type of business required will be provided for the applicable statistical methods described in this subsection. For the calendar year experience method (see c.1.) and the calendar year premium-only method (see c.4.), the insurer or statistical agent will report evaluations as of December 31. For the calendar-accident year (see c.2.) and policy year methods (see c.3.), the insurer or statistical agent will report evaluations as of March 31. (This is a cutoff date to allow time for year-end data to be entered into company systems.) Also, for the calendar-accident year and policy year experience methods, the insurer will report data separately, for the latest five experience years. (Refer to section 10d. for the appropriate experience methods for each line or type of coverage.) The statistical period(s) for reporting each type or class of business are defined as:

1. **Calendar year ("C")** - The calendar year data represents a comparison of losses with exposures and premiums for the same 12 month period. Data will be reported for the current year minus **one** year. For example, for the 2009 report, data will be reported for 2008, evaluated as of December 31, 2008, with 2008 the latest complete calendar year experience year.
2. **Calendar-accident year ("A")** - The accident year data represents a comparison of losses on claims occurring in a given twelve month period with the exposures and premiums for that same period. Data will be reported for the current year minus **two** years. For example, for the 2009 report, data will be reported separately by year for the years 2003 through 2007, evaluated as of March 31, 2008, with 2007 the latest complete calendar-accident year experience year.
3. **Policy year ("P")** - The policy year data represents a comparison of losses occurring under policies having inception dates in a given calendar year with the exposures and premiums on such policies. Data will be reported for the current year minus **three** years. For example, for the 2009 report, data will be reported separately by year for the years 2002 through 2006, evaluated as of March 31, 2008 with 2006 the latest complete policy-year experience year.
4. **Calendar year premium-only ("X")** - For all data that are reported on a calendar-accident or policy year basis, insurers will submit a separate record which includes written premium, earned premium, and (if applicable) written exposures for each line of business and class in which they write. The data will be reported for the most recent calendar year. For example, for the November 2009 report, insurers will report premiums and exposures for their 2008 calendar year experience, evaluated as of December 31, 2008, for each line of business and class. Insurers need not report Calendar year premium-only ("X") data for any class that is reported using the Calendar year ("C") method of compiling annual experience.

d. Experience Method by Line

For those lines using **calendar year ("C")** experience including private passenger automobile physical damage; homeowners (optional); earthquake-REQ (optional); residential fire (optional); and excess insurance (optional), each insurer will report the premium and loss data for the latest experience year (example: 2008 data for reporting year 2009).

For those lines using **calendar-accident ("A")** and/or **policy year ("P")** experience methods, insurers will report the latest five experience years for each line. (For example, for the 2009 report, insurers will submit data for the years, 2003 through 2007, for lines using the calendar-accident experience method and 2002 through 2006 for the policy year experience method.)

Note: ALL INSURERS are required to report data for five years for lines using the calendar-accident year experience method or the policy year experience method. Reports will be filed on an annual basis for the required lines using the applicable experience methods.

Summary	Data years required in 2009				
"C" Records	2008				
"X" Records	2008				
"A" Records	2007	2006	2005	2004	2003
"P" Records	2006	2005	2004	2003	2002

The applicable experience method for each line is defined below:

Line or Type of Coverage	Line #	Experience Methods
Homeowners Multiple Peril ¹	5	(Calendar year ²) or (calendar-accident year and calendar year premium-only)
Medical Malpractice	2	Policy year and calendar year premium-only
Earthquake (REQ)	8	(Calendar year ²) or (calendar-accident year and calendar year premium-only)
Other Liability	1	Policy year and calendar year premium-only
PPA Liability ³	4	Calendar-accident year and calendar year premium-only
PPA Physical Damage ³	7	Calendar year ²
Commercial Automobile Liability	3	Calendar-accident year and calendar year premium-only
Residential Fire	10	(Calendar year ²) or (calendar-accident year and calendar year premium-only)
Business Owners Packages	6	Calendar-accident year and calendar year premium-only
Excess Insurance	9	(Calendar year ²) or (calendar-accident year and calendar year premium-only), or (policy year and calendar year premium-only)

Calendar year = "C"

Calendar year premium-only = "X"

Calendar-accident = "A"

Policy year = "P"

¹ includes earthquake endorsement to homeowners or residential fire (HEQ classification).

² a separate calendar year premium-only record is not required for data that are reported on a calendar year basis.

³ excludes antique/collectible vehicles, motor homes, motorcycles, and travel trailers.

In reporting the required data, please note the following clarifications:

- Records where the amount fields are zero filled will not be accepted. The edit program will only allow records which include actual data.
- Data for commercial auto does not include school buses or garage risks.
- The other liability line includes classes from liquor liability, day care centers, and lawyers' professional liability. Products liability is excluded.
- Residential fire excludes allied lines.
- Data from Beach Plans and Assigned Risk Plans will not be reported. (The Illinois FAIR Plan Association will submit Illinois data for homeowners.) Insurers will not report any FAIR Plan data.
- The report for Illinois/multi-state private passenger automobile excludes no-fault data, antique/collectible vehicles, motor homes, motorcycles, and travel trailers.
- The earthquake line applies only to personal earthquake and not commercial earthquake. Data for earthquake coverage provided via an endorsement to a homeowner or residential fire policy will be reported separately from stand alone earthquake policies. The classification code for earthquake data from these endorsements, if identifiable, will be HEQ. In these situations, the coding rules for homeowner and residential fire lines will apply. Data for earthquake coverage provided by a stand alone policy will be reported with class code REQ using the coding rules of the earthquake line. If an insurer cannot distinguish between the earthquake classes, it will code all earthquake data as REQ.

e. Preparation and Completion of Reports

1. Insurers may report data directly or through a statistical agent. Statistical agents reporting data for more than one insurer will report each insurer's data on separate records.
2. Insurers will report their data within the required time frame using the codes and record formats provided in Sections 40-45.
3. Prior to submission, the insurer shall edit the data being reported. The edit program is available to each insurer on the Department's website at http://www.idfpr.com/doi/regulatory_filings/regulatory_filings.asp#insurance_data_reporting.
4. Only direct insurance business will be reported. The data filings are not to include premiums received from or losses paid to other insurers. Reinsurance premiums and losses are not to be reported under this data call.
5. Data submitted under the Cost Containment Act may be reported CD or via e-mail to: fpr.costcontainment@illinois.gov. The data must be in ASCII, comma-delimited format. (The Division will accept data that has been compressed with WINZIP product. For further information, contact

the Division of Insurance). If filing by CD, the label must be titled Illinois Cost Containment Data. Please note that the use of 3.5 inch discs can no longer be accepted.

The label must also contain the following information:

- Name of company or statistical agent
- FEIN (not applicable to statistical agent)
- NAIC group number (not applicable to statistical agent)
- Filing date (e.g., 11/25/2001)
- Number of diskettes in this submittal
- Type of submission (Initial-Full, Initial-Partial, Refile, or Amended)
- Number of records in this submittal

If filing by e-mail, the body of the e-mail or cover letter must contain the above information.

The following terms apply to the type of submission entry on the cover letter. An insurer's first data submittal to the Division for a reporting period is considered the initial submittal. If the insurer considers it a full submission, it will be identified as Initial-Full. If the insurer does not consider it a full submittal, it should be identified as Initial-Partial. The Initial-Partial identification will be used by the insurer in situations where it submits part of the data and a statistical agency submits the remainder. Since statistical agents most likely will never report an entire set of data for all its companies, the statistical agents will code field 2 (i.e., Filing Method field) on each record with a 1, 2, 3, or 4 and will always identify its data as an Initial-Partial submittal. Thus, with this coding scheme, the only Initial-Full submittals will be submitted by insurers where field 2 must be coded 6. For Initial-Partial submittals, field 2 for all records must be coded 1, 2, 3, or 4 by statistical agents and **5** by insurers. Resubmissions resulting from the receipt of a letter from the Division regarding edit errors are considered a re-file. A resubmission of data initiated by the insurer or statistical agent to correct data previously submitted, not the result of a Divisional edit letter, is considered an Amended filing.

EXAMPLES - DISK LABELS:

Insurers will label their disks similar to Example A. (Parent companies or multiple companies in the same group need not file a separate diskette for each company in that group; however, they must report data for each of the companies in their group and ensure that the FEIN for each company is accurate for each record.)

Statistical agents will label their disks similar to Example B.

- 6.** A cover letter, signed by the company contact person must accompany each filing. The letter must contain the following information:
 - Name of company or statistical agent
 - FEIN (not applicable to statistical agents)
 - NAIC group number (not applicable to statistical agents)
 - Filing date
 - Address, City, State and Zip code

- Contact person
- Phone number of contact person
- Type of submittal (Initial-Full, Initial-Partial, Refile, or Amended)
- Number of records in this submittal

The cover letter should explain any special situation(s) regarding the data submission that needs clarification. Please note that for internal control, companies having no cost containment data to file MUST send a letter to the Division on each filing date, including the above information and stating that they have no data to file. STATISTICAL AGENTS MUST include a list of all companies for which data are being submitted in the cover letter.

(See section 10a. for explanation on which companies have to file.)

f. Reporting of Exposures

A count of the number of written exposures will be reported for each line, type of business, or classification as instructed in Section 45. Note that for private passenger auto liability and commercial auto liability, the written exposure count will apply only to the bodily injury component. For private passenger auto physical damage, the written exposure count will apply only to the comprehensive component. For certain coverage's (e.g., earthquake), the written exposure count is to be zero.

EXAMPLES - EXPOSURES:

If a one year policy is written in 2007 then all written premium and written exposures will be reported in 2007. If the policy is cancelled within the same year, written premium and written exposures should be adjusted in 2007. If a policy adds an endorsement in 2007, written premium and exposures (where applicable) should be adjusted in 2007.

PPA liability, physical damage, and certain class codes under commercial auto require exposures to be in car-months. These amounts must be in written exposures. A company writes one year policies – this would equal 12 car-months. If a company writes six month policies, the car-month exposure would equal 6.

The same goes for certain class codes under medical malpractice (person-months), and homeowners/residential fire (house-months).

g. Reporting of Premiums

The premium reported will be the premium charged for the policies within each line of business and classification. Premiums will be reported on both a written and earned basis. Excess Insurance premiums will be addressed in Section 10s.

Written Premium: The full annual premium for a policy or contract.

Earned Premium: The pro-rata portion of the written premium associated with the period of time the policy has been in force - that period already expired.

EXAMPLES - PREMIUMS:

Policy is written on June 15, 2008 with a June 15, 2008 effective date and a term of one year (i.e., expires June 15, 2009) with an annual premium of \$240. Under all three compilation methods – calendar, calendar-accident and policy year – the 2008 written premium is \$240.

There are several acceptable ways to calculate earned premium. One such example for the calendar and calendar-accident experience would use the half-month method. For a one year period, the premium would be earned over 24 half months - the total term of the policy. With a policy period beginning in June 2008 running into June 2009 the policy would earn $13/24^{\text{th}}$ during the year 2008. The period from January 1, 2009 to June 2009 represents $11/24^{\text{th}}$ of a year. Therefore, the 2008 earned premium would be \$130.00 (i.e., $\$240 \times (13/24)$) and the 2009 earned premium would be \$110 (i.e., $\$240 \times (11/24)$).

Another example would be to use the actual effective date to calculate the exact number of days the policy is in force during each calendar year. As stated above, there are other acceptable earning methodologies and if there are any questions, please call the Cost Containment Section for resolution.

For the policy year premium, the earned premium is slotted to when the policy is written. In this example the 2008 policy year earned premium would be \$240. Written premium should equal earned premium since all data is slotted back to the effective date of the policy.

h. Reporting of Losses

Separate fields are provided for paid and outstanding losses. Losses will be reported net as to third party recoveries (under salvage and subrogation). For Illinois Cost Containment, paid losses are all sums paid to claimants or policyholders in direct settlement of loss covered by the policies. For Illinois Cost Containment, outstanding losses are the amounts of loss reserves established for paying claims for the reporting period that has not been paid as of the cut-off date. Losses covered by an excess policy will be reported separately as addressed in Section 10f.

Paid losses and claims are cumulative for calendar-accident (“A”) and policy year (“P”) data.

EXAMPLES - LOSSES:

A loss occurs on July 1, 2005 for a one-year policy that was written (effective) on November 15, 2004 and a reserve (outstanding loss) amount of \$1,000,000 is established. As of December 31, 2005 and March 31, 2006 no payments have been made and the reserve remains the same. On September 1, 2006 a partial payment is made of \$200,000 and the reserve is changed to \$800,000. As of December 31, 2006 no additional payment has been made but the reserve has been revised to \$500,000. On August 1, 2007 a second and final payment of \$450,000 is made. At this time the claim is closed (and the reserve becomes zero). The data would be reported as follows:

Calendar Year (C Record): (loss is slotted to year based on when claim paid)

Report (Filing Year)	Year	Paid	Outstanding
2006 Report (evaluated as of 12/31/05)	2005	0	1,000,000
2007 Report (evaluated as of 12/31/06)	2006	200,000	500,000
2008 Report (evaluated as of 12/31/07)	2007	450,000	0

Calendar-Accident Year (A Record): (loss is slotted to year the loss occurred)

Report (Filing Year)	Year	Paid	Outstanding
2005 Report (evaluated as of 3/31/04)	2005	0	1,000,000
2006 Report (evaluated as of 3/31/05)	2005	200,000	500,000
2007 Report (evaluated as of 3/31/06)	2005	650,000	0
2008 Report (evaluated as of 3/31/07)	2005	650,000	0
2009 Report (evaluated as of 3/31/08)	2005	650,000	0

Policy Year (P Record): (loss is slotted to year the policy was written)

Report (Filing Year)	Year	Paid	Outstanding
2005 Report (evaluated as of 3/31/04)	2004	0	1,000,000
2006 Report (evaluated as of 3/31/05)	2004	200,000	500,000
2007 Report (evaluated as of 3/31/06)	2004	650,000	0
2008 Report (evaluated as of 3/31/07)	2004	650,000	0
2009 Report (evaluated as of 3/31/08)	2004	650,000	0

EXAMPLES OF HOW THE DIFFERENT TYPES OF DATA ARE TO BE REPORTED

CALENDAR-YEAR ("C") DATA REPORTING

2009 Report (due on November 30, 2009) for Calendar-Year Data

08 Premium & 08 Losses – (period 1-1-2008 – 12-31-2008) – (as of 12-31-2008)

CALENDAR YEAR PREMIUM-ONLY ("X") DATA REPORTING

(Only direct written premium, direct earned premium and direct written exposures are required for this experience method)

08 Premium – (period 1-1-2008 – 12-31-2008) – (as of 12-31-2008)

CALENDAR-ACCIDENT (“A”) DATA REPORTING

2009 Report (due on November 30, 2009) for Calendar-Accident Year Data

**07 Premium & 07 Losses -- (period 1-1-2007 - 12-31-2007) -- (premiums as of 12-31-2007)
(losses as of 3-31-2008)**
**06 Premium & 06 Losses -- (period 1-1-2006 - 12-31-2006) -- (premiums as of 12-31-2006)
(losses as of 3-31-2008)**
**05 Premium & 05 Losses -- (period 1-1-2005 - 12-31-2005) -- (premiums as of 12-31-2005)
(losses as of 3-31-2008)**
**04 Premium & 04 Losses -- (period 1-1-2004 - 12-31-2004) -- (premiums as of 12-31-2004)
(losses as of 3-31-2008)**
**03 Premium & 03 Losses -- (period 1-1-2003 - 12-31-2003) -- (premiums as of 12-31-2003)
(losses as of 3-31-2008)**

POLICY-YEAR (“P”) DATA REPORTING

2009 Report (due on November 30, 2009) for Policy-Year Data

06 Premium & 06 Losses -- (period 1-1-2006 - 12-31-2006) -- (as of 3-31-2008)
05 Premium & 05 Losses -- (period 1-1-2005 - 12-31-2005) -- (as of 3-31-2008)
04 Premium & 04 Losses -- (period 1-1-2004 - 12-31-2004) -- (as of 3-31-2008)
03 Premium & 03 Losses -- (period 1-1-2003 - 12-31-2003) -- (as of 3-31-2008)
02 Premium & 02 Losses -- (period 1-1-2002 - 12-31-2002) -- (as of 3-31-2008)

NOTES:

- All losses will be separated into paid and outstanding losses for each period.
- Historical year reports for premiums may include updates or adjustments, such as premium audits, etc.
- Paid losses for a statistical year generally will continue to increase each reporting year while outstanding losses will typically decrease. Under the calendar year data reporting, insurers should report paid losses that were actually paid that year. Under the calendar/accident and policy-year data reporting, insurers will report the total (cumulative) paid losses as of the required evaluation date. Under all of the three different methods, insurers should report the outstanding losses as of the evaluation date.
- Policy year written premiums should, in most cases, equal earned premium since all evaluation of data falls back to the effective year of the policy.

i. Reporting of Allocated Loss Adjustment Expenses

Allocated loss adjustment expense includes all expenses of the company that can be segregated as due to and hence allocated to a particular claim. Insurers will report the amount of paid and outstanding allocated loss adjustment expenses (ALAE) for the private passenger auto liability, medical malpractice,

other liability, and commercial auto liability lines. Also, ALAE will be collected for business owners insurance and excess insurance.

In those situations where an insurer cannot separate indemnity to claimants and ALAE, the insurer will enter the combined loss and ALAE total in the paid loss or outstanding loss field(s) and will identify this option by coding the corresponding paid ALAE or outstanding ALAE field(s) with the word 'combined'.

j. Reporting Paid Claims Count

Insurers will report the count of their paid claims. A claim closed without a loss payment is NOT to be reported. A claim involving only allocated loss adjustment expense is NOT to be reported in the paid claim count. A claim count is to be reported only for those cases where a loss payment has been made or a loss reserve has been established. A paid claim is defined as a claim for which a payment has been made. In cases where a claim is partially paid with an associated case reserve still maintained, insurers have the option to report the claim count as either paid or outstanding - but not both ways. An insurer must endeavor to be consistent period to period in their reporting. A case involving loss payments or loss reserves under more than one cost containment classification will have a claim count under each classification.

k. Reporting Outstanding Claims Count

Insurers will report the count of outstanding claims. An outstanding claim is defined as a claim for which a case loss reserve exists as of the evaluation date. In cases where a claim is partially paid with an associated case reserve still maintained, insurers have the option to report the claim count as either paid or outstanding - but not both ways. A case involving loss payments or loss reserves under more than one cost containment classification will have a claim count under each classification.

l. Run-off Business

Companies with no written or earned premiums, but with paid or outstanding losses or ALAE in a line, class, subclass, or endorsement (for Illinois data) must report data for that line, class, subclass or endorsement for both Illinois and multi-state. If the aforementioned situation occurs in only the multi-state data, the insurer will not be required to report that data. Insurers need not submit a record (for either Illinois only or multi-state) for any line, class, or endorsement if written premiums, earned premiums, and paid and outstanding losses in the Illinois-only data are all zeroes.

m. Three Year Prepaid Policies

Premiums for three year prepaid policies will be reported as three separate annual policies.

n. Other Prepaid Policies

The procedure outlined above, applies to other policies not having a one year term with proper recognition of policy term and using a pro rata allocation formula. In all cases policy periods will be annual or less.

o. Treatment of Installment Payments

Premiums for policies written on an installment basis will be reported as though they were prepaid policies.

p. Installment Charge Premium

Additional premium resulting from the application of installment charges will be reported as premium.

q. Divisible Package Premiums

Insurers will report premiums separately by each classification used in developing the total package premium.

r. Rounding Rule

Data will be reported in whole numbers. All decimals will be rounded to the nearest integer. (Decimals less than .5 will be rounded down to the nearest whole number while decimals .5 and above will be rounded up to the nearest whole number.)

s. Reporting Excess Insurance Premiums

Written and earned premiums for excess insurance will be entered in the appropriate fields for this type of coverage (classification). Premiums for excess insurance are defined as that premium charged for coverage in excess of the primary policy limits added by a different policy (e.g. umbrella policy or through an endorsement to the policy).

t. Reporting Excess Insurance Losses

Paid losses and outstanding losses for excess insurance losses will be entered in the appropriate fields for this type of coverage (classification). An excess loss is defined as a loss resulting in an incurred cost to the insurer in excess of the primary policy limits and covered by a different policy or an endorsement to the policy. (Examples include umbrella policies and excess limits endorsements.)

u. Dividends

Dividends should be included in written and earned premium.

Section 15: General Submission Guidelines

a. Guidelines for Data Collection

Insurers are responsible for developing or obtaining any software required to convert and/or translate their internal file structures and formats to those prescribed by this part.

b. Penalties

Failure to comply with any of these specifications may subject the insurer to those penalties described in Article XLII, Section 1204 E of the Illinois Insurance Code (215 ILCS 5/1204).

c. Omit Leading Zeros

Since fields are not fixed-length, leading zeros and spaces should be omitted.

d. Handling of the Negative Numbers

Negative numbers will be submitted using a dash before the number without a space between the negative sign and the number. (For example, a negative one hundred dollar premium would be coded **-100**.)

e. Reported by Illinois and Multi-State

All required data will be reported in the aggregate for 1) Illinois and 2) multi-state including Illinois.

Calendar year ("C")	Illinois and Multistate
Calendar-accident year ("A")	Illinois and Multistate
Policy year ("P")	Illinois and Multistate
Calendar year premium-only ("X")	Illinois only

f. Required Data Elements

Data reported for calendar year ("C"), calendar-accident year ("A"), and policy year ("P") periods shall include but may not be limited to the following nine insurance elements:

- number of written exposures
- amount of direct written premiums
- amount of direct earned premiums
- amount of paid losses
- amount of outstanding losses
- amount of paid allocated loss adjustment expenses
- amount of outstanding allocated loss adjustment expenses
- number of paid claims
- number of outstanding claims

For the calendar year premium-only ("X") method of compiling annual experience, only the number of written exposures (where applicable), amount of direct written premiums, and amount of direct earned premiums are to be reported.

NOTE: The record layout for the calendar year premium-only "X" record(s) include the loss/claim fields even though you do not report loss/claim amounts on these records. These fields will contain a zero. Therefore, you **MUST** have the correct number of fields for the particular line of business your company is reporting, or the records will fail our edits. (See Section 40, page 27, for required fields)

g. Required Lines of Insurance

The Division requires that data be submitted for classes within the following ten lines or coverage types of insurance.

<u>Coverage Type</u>	<u>Line #</u>
• Residential Fire	10
• Homeowners Multiple Peril	5
• Business Owners Packages	6
• Medical Malpractice	2
• Earthquake	8
• Excess Insurance	9
• Other Liability	1
• Private Passenger Automobile Liability (excludes no-fault)	4
• Commercial Automobile Liability (excludes no-fault)	3
• Private Passenger Auto Physical Damage	7

h. Reported by Zip Code

Illinois personal lines data (homeowners, private passenger auto (both liability and physical damage), and residential fire) will be reported by zip code by line by class. There will be one record (for each zip code) for each class and for each method of compiling annual experience (calendar ("C"), calendar-accident ("A"), and calendar year premium-only ("X") in the homeowner, private passenger auto liability, private passenger physical damage, and residential fire lines. (If an insurer reports a class on a calendar ("C") year basis by zip code, the insurer should not also report data on a calendar year premium-only ("X") basis, example: PPA Physical Damage). The zip code field for multi-state should remain blank.

Note: Zip code applies in where the insured property is located for homeowners and residential fire and where the vehicle is garaged for private personal automobile. For Illinois data that does not fall within the range of Illinois zip codes (60001 through 62999), the code 99999 will be used.

i. Reported By Form Type

There will be a separate record for each line, class, or type of coverage for each form type used in writing a policy. Note that an insurer may use three form types, as identified in the *Form Type* field, in some lines of insurance to write policies in that line; thus, the insurer would generate a record for each of the form types that it used

C = claim-made

O = occurrence

T = claims-made tail coverage

- j.** Records where the amount fields are zero filled will not be accepted. The edit program will only allow records which include actual data.

Section 20: Required Data Types (Lines, Classes, and Coverages)

Within the lines of insurance, aforementioned in Section 15g, the Division requires data for specified classes or coverages. The following tables outline the specific class code & types that are required to be filed.

20.1 – Other Liability

Class or Data Type	Classification Code	Exposure Base
<u>DAY CARE CENTERS</u>		
Day care center liability - day nurseries	82115	Square feet
Day care center liability - day care centers	41714	Person-months
Day care center liability individual insurer program not rated using one of the exposure Base(s) noted above.	81714	NA
<u>LAWYERS PROFESSIONAL LIABILITY</u>		
Lawyers professional liability – lawyers	81400	Person-months
Lawyers professional liability - Employed law clerks, investigators, abstractors, and paralegals	81420	Person-months
Lawyer's professional liability individual insurance program not rated using one of the exposure base(s) noted above.	81401	NA
<u>LIQUOR LIABILITY</u>		
Clubs	70412	Receipts
Package stores, and other retail establishments	59211	Receipts
Manufacturers, wholesalers, and distributors	50911	Receipts
Restaurants, taverns, hotels, motels incl: package sales	58161	Receipts
Temporary licenses	58168	NA
Owners or lessors of premises used by others	58169	NA
Liquor liability - not otherwise classified	11111	NA
Liquor liability individual insurer programs not rated using one of the exposure base(s) Noted above.	81111	NA

20.2 – Medical Malpractice

Class or Data Type	Classification Code		Exposure Base
	MD ¹	DO ²	
<u>CARDIAC SURGERY</u>			
Surgery – cardiac	80141	NA	person-months
Surgery - cardiovascular disease	80150	84150	person-months
<u>CARDIAC – OTHER</u>			
Cardiovascular disease - minor surgery	80281	84281	person-months
Cardiovascular disease – no surgery	80255	84255	person-months
<u>CRITICAL CARE MEDICINE</u>			
Intensive care medicine. Applies to any general practitioner or specialist Employed in intensive care hospital Unit	80283	84283	person-months
<u>DENTISTS</u>			
Oral surgery with anesthesia	80210	NA ³	person-months
Oral surgery without anesthesia	80211	NA ³	person-months
<u>EMERGENCY ROOM SURGERY</u>			
Emergency medicine - including major Surgery	80157	84157	person-months
<u>EMERGENCY ROOM - OTHER</u>			
Emergency room - no major surgery	80102	84102	person-months
<u>GENERAL PRACTITIONER (FAMILY PRACTICE)</u>			
Family physician or general practitioner no surgery	80420	84420	person-months
Family physician or general practitioner minor surgery	80421	84421	person-months
Surgery general practice or Family practice	80117	NA	person-months
<u>GENERAL SURGERY</u>			
Surgery - general - not otherwise Classified. Does not apply to Family or general practitioner or to any specialist who occasionally performs major surgery.	80143	84143	person-months

<u>NEUROSURGERY</u>			
Surgery – neurology – including child	80152	84152	person-months
Neurology - including child – minor Surgery	80288	84288	person-months
<u>OBSTETRICS/GYNECOLOGY SURGERY</u>			
Surgery – gynecology	80167	84167	person-months
Surgery – obstetrics	80168	NA ³	person-months
Surgery – obstetrics – gynecology	80153	84153	person-months
<u>OBSTETRICS/GYNECOLOGY OTHER</u>			
Gynecology - minor surgery	80277	84277	person-months
Gynecology – no surgery	80244	84244	person-months
<u>ORTHOPEDIC SURGERY</u>			
Surgery – orthopedic	80154	84154	person-months
<u>PHYSICIANS, SURGEONS, AND DENTISTS</u>			
Physicians, Surgeons, and Dentists not otherwise classified.	94999	94999	NA
Physicians, Surgeons, and Dentists Individual programs not rated using one of the exposure base(s) noted above.	90430	NA	NA
<u>PLASTIC SURGERY</u>			
Surgery – plastic - not otherwise classified	80156	84156	person-months
Surgery – plastic - otorhinolaryngology	80155	84155	person-months
<u>THORACIC SURGERY</u>			
Surgery – thoracic	80144	84144	person-months
<u>VASCULAR SURGERY</u>			
Surgery – vascular	80146	NA ³	person-months

20.3 - Commercial Auto Liability

Class or Data Type	Classification Code	Exposure Base
Fleet and non-fleet combined trucks, tractors, and trailers - zone rated	1A 1B 1C	car-months (BI) ¹ receipts number of miles
Fleet and non-fleet combined trucks, tractors, and trailers - all other, regardless of miles	2A	car-months (BI) ¹
Fleet and non-fleet taxicabs, and public livery, regardless of mileage, including limousines	3A 3B 3C	car-months (BI) ¹ receipts number of miles

20.4 – Private Passenger Auto Liability

Class or Data Type	Classification Code	Exposure Base
PPA Liability	NA	car-months (BI) ¹

20.5 – Homeowner Multi - Peril

Class or Data Type	Classification Code	Exposure Base
HO-1	HO-1	house-months
HO-2	HO-2	house-months
HO-3	HO-3	house-months
HO-4	HO-4	house-months
HO-5	HO-5	house-months
HO-6	HO-6	house-months
HO-8	HO-8	house-months
Mobile Homes	Mobile	house-months
<u>HOMEOWNER ENDORSEMENTS</u>		
Home Day Care endorsement	323	NA
Earthquake endorsement	HEQ	NA

20.6 - BUSINESS OWNERS PACKAGE

Class or Data Type	Classification Code	Exposure Base
Business Owners Package (B.O.P).	77777	NA

¹ BI = Bodily Injury

20.7 - PRIVATE PASSENGER AUTO PHYSICAL DAMAGE

Class or Data Type	Classification Code	Exposure Base
PPA Physical Damage	NA	car-months(comp) ¹

20.8 - EARTHQUAKE (REQ ONLY)

Class or Data Type	Classification Code	Exposure Base
Residential Earthquake	REQ	NA

20.9 - SPECIAL CLASSIFICATIONS APPLICABLE TO EXCESS INSURANCE

Class or Data Type	Classification Code	Exposure Base
Excess Insurance	88888	NA
<u>Commercial Automobile</u> Excess Insurance	9772	NA
Rule for a) rating excess insurance <u>(Umbrella & Personal Catastrophe Liability)</u>		
Personal umbrella	99930	NA
Commercial umbrella	99935	NA

20.10 - RESIDENTIAL FIRE

Class or Data Type	Classification Code	Exposure Base
Building and Contents - owner-occupied, 1-4 units	9A	house-months
Contents only	9B	house-months
Building only - non-owner - occupied	9C	house-months

¹ comp = Comprehensive

Section 30: Line Item Matrix for Cost Containment Reporting

The following matrices will assist the insurer in providing data for meeting the Illinois Cost Containment requirement. The column headings represent the insurance line or type of insurance that are to be reported. The matrices on this page describe the Cost Containment geographic data requirement for each line.

Line Item Matrix for Reporting Cost Containment Data - Part 1

Line of Business	Illinois	Illinois by zip code	Multi-state	Calendar Year premium-only (IL-only)	Calendar year premium-only by zip code (IL-only)
Other Liability	yes	no	yes	yes	no
Medical Malpractice	yes	no	yes	yes	No
Commercial Auto Liab.	yes	no	yes	yes	No
PPA Liability	no	yes	yes	no	yes
Homeowners	no	yes	yes ¹	no	yes
BOP	yes	no	yes	yes	no
PPA Physical Damage	no	yes	yes	no	no ²
Earthquake (REQ) ³	yes	no	no	yes	no
Excess Ins ³	yes	no	yes	yes	no
Residential Fire ³	no	yes	yes	no	yes

¹ Excludes HEQ data. Data for Earthquake written as an endorsement to homeowners or residential fire policies are not required on a multi-state basis.

² PPA physical damage data are reported as calendar ("C") year data; thus, no additional calendar year premium-only ("X") records are required for this line.

³ Insurers that report data for the homeowners, earthquake, residential fire, and excess insurance lines on a calendar ("C") year basis need not report the data using the calendar year premium-only ("X") method.

Section 40: The Record Layout for the Four Formats

The tables on the following pages should assist users and Data Processing personnel in understanding the Illinois Cost Containment requirements. This section provides the required fields for each line or type of insurance.

Special attention should be given to the classes that are reported on a calendar year premium-only ("X") basis.

- The calendar year premium-only ("X") records for Other Liability, Medical Malpractice, Earthquake (REQ), BOP, Excess Insurance, and Commercial Auto Liability will have entries only in fields 1-10 and 15. Please follow the specific instructions for each of these 11 fields. (Note that insurers that use a calendar year ("C") method of annual compilation for reporting earthquake (REQ) or excess insurance classes need not submit calendar year premium-only ("X") record for these classes). All other fields should be zero.
- The calendar year premium-only ("X") records for homeowners and residential fire will have entries only in fields 1-10 and 13. Please follow the specific instructions for each of these 11 fields. (Note that calendar year premium-only ("X") records are not required for these lines if insurers use the calendar year ("C") method of annual compilation for reporting this data.) All other fields should be zero.
- The calendar year premium-only ("X") records for the private passenger auto liability line, fields 1-9, 14, 17, 18, 25, 26, 33, 34, 41, 42, 49, 50, and 51 are to be reported. Please follow the specific instructions for each of these 21 fields. All other fields should be zero.
- Since private passenger auto physical damage is reported on a calendar year ("C") basis, no calendar year premium-only ("X") records are required.
- Zip code reporting is also required for homeowners, residential fire, and private passenger liability for the calendar year premium-only ("X") records (If calendar-accident ("A") experience instead of calendar ("C") is used for homeowners/residential fire).
- PLEASE NOTE: The fields not required for the "X" records must be zero.

**Other Liability, Medical
Malpractice, Earthquake
(REQ), BOP, Excess
Insurance, &
Commercial Auto**

**Homeowners &
Residential Fire**

**Private Passenger
Auto Liability**

**Private Passenger
Physical Damage**

1. FEIN #	FEIN #	FEIN #	FEIN #
2. Filing Method	Filing Method	Filing Method	Filing Method
3. Line of Business	Line of Business	Line of Business	Line of Business
4. State ID	State ID	State ID	State ID
5. Experience Method	Experience Method	Experience Method	Experience Method
6. Statistical Data Yr	Stat Data Yr	Stat Data Yr	Stat Data Yr
7. Classification Code	Zip Code ³	Zip Code ³	Zip Code ³
8. Form Type ¹	Class Code	Amt of BI Wr Prem	Amt of Comp Wr Prem
9. Amt of Wr Prem	Amt of Wr Prem	Amt of BI E Prem	Amt of Comp E Prem
10. Amt of E Prem	Amt of E Prem	Amt of BI Pd Loss	Amt of Comp Pd Loss
11. Amt of Pd Losses	Amt of Pd Loss	Amt of BI OS Loss	Amt of Comp OS Loss
12. Amt of OS Losses	Amt of OS Loss	Amt of BI Pd ALAE	Amt of Comp Wr Exp
13. Amt of Pd ALAE ¹	# of Wr Exp	Amt of BI OS ALAE	# of Comp Pd Claims
14. Amt of OS ALAE ¹	# of Pd Claims	# of BI Wr Exp	# of Comp OS Claims
15. # of Wr Exposures ²	# of OS Claims	# of BI Pd Claims	Amt of Coll Wr Prem
16. # of Pd Claims		# of BI OS Claims	Amt of Coll E Prem
17. # of OS Claims		Amt of PD Wr Prem	Amt of Coll Pd Loss
18.		Amt of PD E Prem	Amt of Coll OS Loss
19.		Amt of PD Pd Loss	# of Coll Pd Claims
20.		Amt of PD OS Loss	# of Coll OS Claims
21.		Amt of PD Pd ALAE	Amt of Other Wr Prem
22.		Amt of PD OS ALAE	Amt of Other E Prem
23.		# of PD Pd Claims	Amt of Other Pd Loss
24.		# of PD OS Claims	Amt of Other OS Loss

¹ This field should be left blank for earthquake data.

² This field should be zero for earthquake, BOP, and excess insurance data.

³ This field should be left blank for multi-state data.

**Other Liability, Medical
Malpractice, Earthquake
(REQ), BOP, Excess
Insurance, &
Commercial Auto**

**Homeowners &
Residential Fire**

**Private Passenger
Auto Liability**

**Private Passenger
Physical Damage**

25		Amt of UM/UIM Wr Prem	# of Other Pd Claims
26		Amt of UM/UIM E Prem	# of Other OS Claims
27		Amt of UM/UIM Pd Losses	
28		Amt of UM/UIM OS Losses	
29		Amt of UM/UIM Pd ALAE	
30		Amt of UM/UIM OS ALAE	
31		# of UM/UIM Pd Claims	
32		# of UM/UIM OS Claims	
33		Amt of Med Pay Wr Prem	
34		Amt of Med Pay E Prem	
35		Amt of Med Pay Pd Losses	
36		Amt of Med Pay OS Losses	
37		Amt of Med Pay Pd ALAE	
38		Amt of Med Pay OS ALAE	
39		# of Med Pay Pd Claims	
40		# of Med Pay OS Claims	
41		Amt of Other Wr Prem	
42		Amt of Other E Prem	
43		Amt of Other Pd Losses	
44		Amt of Other OS Losses	
45		Amt of Other Pd ALAE	
46		Amt of Other OS ALAE	
47		# of Other Pd Claims	
48		# of Other OS Claims	
49		# of SL Wr Exposures ⁴	

⁴ This field only applies to private passenger auto liability data written on single limit policies.

**Other Liability, Medical
Malpractice, Earthquake
(REQ), BOP, Excess
Insurance, &
Commercial Auto**

**Homeowners &
Residential Fire**

**Private Passenger
Auto Liability**

**Private Passenger
Physical Damage**

50		Amt of SL Wr Prem ⁴	
51		Amt of SL E Prem ⁴	
52		Amt of BI SL Pd Losses ⁴	
53		Amt of BI SL OS Losses ⁴	
54		Amt of BI SL Pd ALAE ⁴	
55		Amt of BI SL OS ALAE ⁴	
56		# of BI SL Pd Claims ⁴	
57		# of BI SL OS Claims ⁴	
58		Amt of PD SL Pd Losses ⁴	
59		Amt of PD SL OS Losses ⁴	
60		Amt of PD SL Pd ALAE ⁴	
61		Amt of PD SL OS ALAE ⁴	
62		# of PD SL Pd Claims ⁴	
63		# of PD SL OS Claims ⁴	

⁴ This field only applies to private passenger auto liability data written on single limit policies

Due to space limitations, the following abbreviations were used in this table.

- Wr Prem = Written Premium**
- E Prem = Earned Premium**
- Pd = Paid**
- OS = Outstanding**
- ALAE = Allocated Loss Adjustment Expenses**
- BI = Bodily Injury**
- PD = Property Damage**
- Med Pay = Medical Payments**
- UM/UIM = Uninsured/Underinsured Motorists**
- SL = Single Limit**
- Comp = Comprehensive**
- Coll = Collision**

Section 45: Coding Conventions for Cost Containment Reporting

Section 45 provides instructions for coding the fields for each record layout.

Section 45.1 provides the instructions for coding the 17 fields included in the Other Liability, Medical Malpractice, Earthquake, Commercial Auto Liability, Business Owners Packages, and Excess Insurance records.

Section 45.2 provides the instructions for coding the 15 fields included in the Homeowners and Residential Fire records.

Section 45.3 provides the instructions for coding the 63 fields included in the Private Passenger Auto Liability records.

Section 45.4 provides the instructions for coding the 26 fields included in the Private Passenger Auto Physical Damage records.

Records where the amount fields are zero filled will not be accepted. The edit program will only allow records which include actual data.

Insurers writing homeowners, earthquake, residential fire, and excess insurance on a calendar-accident year ("A") basis must also submit calendar year premium-only ("X") records.

Insurers writing private passenger auto physical damage will not submit calendar year premium-only ("X") records.

Those writing other liability, medical malpractice, and excess insurance on a policy year ("P") basis must also submit calendar year premium-only ("X") records.

Finally, homeowners, private passenger auto, and residential fire records will be submitted by zip code.

Section 45.1: Record Description - Other Liability, Medical Malpractice, Earthquake, Commercial Auto Liability, Business Owners Packages, and Excess Insurance

Note:

- Data for commercial auto liability, and Business Owners Packages (BOP), are to be reported on a calendar-accident ("A") year and calendar year premium-only ("X") basis.
 - Data for medical malpractice and other liability are to be reported on a policy ("P") year and calendar year premium-only ("X") basis.
 - Data for earthquake (REQ) are to be reported using either the calendar ("C") year or the calendar-accident ("A") year and calendar year premium-only ("X") Methods.
 - Excess insurance data are to be reported either on a calendar ("C") year, or calendar-accident ("A") year and calendar year premium-only ("X"), or policy ("P") year and calendar year premium-only ("X") basis.
 - Once an experience Method is chosen, it cannot be changed without written approval from the Division.
 - In the medical malpractice, other liability, commercial auto liability, BOP, and Excess Insurance the insurer will submit one record for each class and form type for multi-state and one record for each class and form type for Illinois data. For earthquake (REQ), only Illinois data are required. Multi-state records are not required for classes not written in IL.
 - For all classes reported under the calendar-accident ("A") or policy ("P") year Methods of compiling annual experience, written premium, earned premium, and written exposures data are also to be reported using the calendar year premium-only ("X") Method.
 - Insurers should note that earthquake data in this section refers to stand alone earthquake policies (non-commercial) that should be reported separately from the earthquake data for homeowners and residential fire, addressed in Section 45.2. If an insurer is unable to make this distinction, it will report all earthquake data under the standalone earthquake class REQ. Also, for earthquake data, the Form Type should be left blank and # of Written Exposures, and Amount of Paid ALAE, Amount of Outstanding ALAE fields for earthquake should be zero.
 - Commercial auto does not include data for school businesses or garage risks.
1. **FEIN** - This alpha-numeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen; for example 55555555.)
 2. **Filing Method** - This one-character alpha-numeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:
 - 1 = American Association of Insurance Services (AAIS)

- 2 = Insurance Services Office, Inc. (ISO)
- 3 = National Association of Independent Insurers (NAII)
- 4 = National Independent Statistical Service (NISS)
- 5 = Company Direct - Partial
- 6 = Company Direct - 100 Percent

3. **Line of Business** - This alpha-numeric field identifies the line or general classification to which the data belongs. Possible codes are:

- 1 = Other Liability
- 2 = Medical Malpractice
- 3 = Commercial Auto Liability
- 6 = BOP (Business Owners Package)
- 8 = Earthquake
- 9 = Excess Insurance

4. **State Identifier** - This field identifies the geographical source of the data. Possible codes are:

12 = Illinois

MS = Multi-state (Multi-state records are still required even if your company only does business in the State of Illinois.)

Notes: Insurers will always code this field 12 for calendar year premium-only ("X") records.

MS does not apply to earthquake (REQ).

5. **Experience Method** - This one-character alpha-numeric field designates the experience Method for the statistical data year reported. Possible codes are:

C = calendar year (Illinois and Multistate)

A = calendar-accident year (Illinois and Multistate)

P = policy year (Illinois and Multistate)

X = calendar year premium-only (Illinois only)

6. **Statistical Data Year** - This four-character alpha-numeric field reflects the experience year. For example, for the November 2009 annual data filing, the statistical data year will be coded 2008 for lines that use the calendar year ("C") experience Method. For lines using the calendar-accident ("A") and policy year experience Methods ("P"), the *Statistical Data Year* field will be coded for one of the years 2003-2007 and for one of the years 2002-2006 respectively for the November 2009 annual filing. For the calendar year premium-only Method, insurers will report only the most recent premium and exposure data. (For example, for the 2009 annual filing, insurers will report premium and exposure data for 2008, evaluated as of December 31, 2008.)

7. **Classification Code** - This alpha-numeric field identifies the class of insurance being reported in the line. The insurer should report one record for Illinois data and one record for multi-state data for each class code written under Medical Malpractice, Other Liability, Commercial Auto Liability, Business Owners Package, and Excess Insurance for each year required. For earthquake data, Illinois data are required but multi-state data are not required. Refer to section

20.1, 20.2, 20.3, 20.6, 20.8, and 20.9 for possible codes for field 7 by line of business or type of coverage.

8. **Form Type** - This alpha-numeric field reflects the form type that was used in providing coverage. The insurer will report a separate record for each form type for each class and geographic location (Illinois or multi-state). Possible codes are:

C = claims-made

O = occurrence

T = claims-made tail coverage

For the earthquake data, the *Form Type* field should be left blank.

9. **Amount of Written Premium** - This field reflects the amount of total written premiums corresponding to each of the class codes identified in field 7 of this document. (Refer to section 10g.)
10. **Amount of Earned Premium** - This field reflects the total amount of earned premiums corresponding to each of the class codes identified in field 7 of this document. (Refer to section 10 g.)
11. **Amount of Paid Losses** - This field reflects the amount of paid losses corresponding to each of the class codes identified in field 7 of this document. (Refer to section 10h. for the Cost Containment definition of paid losses. If the insurer is unable to separate paid losses from Allocated Loss Adjustment Expenses (ALAE), the insurer will follow the instructions provided in section 10i.)
12. **Amount of Outstanding Losses** - This field reflects the amount of outstanding losses corresponding to each of the class codes identified in field 7 of this document. (Refer to section 10h. for the Cost Containment definition of outstanding losses and section 10i. for special instructions for those situations where separating outstanding losses and outstanding ALAE are not possible).
13. **Amount of Paid Allocated Loss Adjustment Expense (ALAE)** - This field reflects the amount of paid allocated loss adjustment expenses for each of the class codes. If an insurer is unable to separate paid ALAE from the paid losses, the combined paid losses and paid ALAE will be reported in the paid losses field for the line and the code combined will appear in the paid ALAE field. For the earthquake data, the Amount of Paid Allocated Loss Adjustment Expenses field should be zero. (Refer to section 10i.)
14. **Amount of Outstanding Allocated Loss Adjustment Expense - (ALAE)** - This field reflects the amount of outstanding allocated loss adjustment expenses for each of the class codes. If an insurer is unable to separate outstanding ALAE from the outstanding losses, the combined outstanding losses and outstanding ALAE will be reported in the outstanding losses field for the line and the code combined will appear in the ALAE field. For the earthquake data, the Amount of Outstanding Allocated Loss Adjustment Expenses field should be zero. (Refer to section 10i.)

15. **Number of Written Exposures** - This field reflects the count of written exposures for each of the class codes. The number of written exposures field for BOP, Earthquake, and Excess Insurance will be zero. (Refer to section 10f.)
16. **Number of Paid Claims** - This field reflects the paid claims count corresponding to each of the class codes. (Refer to section 10j.)
17. **Number of Outstanding Claims** - This field reflects the outstanding claims count corresponding to each of the class codes. (Refer to section 10k.)

Section 45.2: Record Description – Homeowner and Residential Fire

Note:

- Data for the homeowner and residential fire lines will be reported on either a calendar ("C") year OR calendar-accident ("A") year and calendar year premium-only ("X") basis. Only voluntary business will be reported.
 - Once an experience Method is chosen, it cannot be changed without written approval from the Division.
 - In the homeowner line, the insurer will code one record for each class code for multi-state data and one record for each class code for each zip code for Illinois data. If an insurer reports homeowner or residential fire data using the calendar-accident ("A") Method of compiling annual experience, it must also report the data under the calendar year premium-only ("X") Method by zip code. Multi-state records are not required for class codes not written in Illinois.
 - If an insurer is unable to separate homeowner endorsements for earthquake (HEQ) from the residential earthquake data (REQ), the data should be reported as part of REQ using the instructions for reporting earthquake data in Section 45.1. In like manner, earthquake data from an endorsement to a residential fire policy should be reported under the HEQ code.
1. **FEIN** - This alpha-numeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).
 2. **Filing Method** - This one-character alpha-numeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:
 - 1 = American Association of Insurance Services (AAIS)
 - 2 = Insurance Services Office, Inc. (ISO)
 - 3 = National Association of Independent Insurers (NAII)
 - 4 = National Independent Statistical Service (NISS)
 - 5 = Company Direct - Partial
 - 6 = Company Direct - 100 Percent
 3. **Line of Business** - This alpha-numeric field identifies the general business line to which the data belongs. The possible codes are:
 - 5 = Homeowners
 - 10 = Residential Fire
 4. **State Identifier** - This field identifies the geographical source of the data. Possible codes are:
 - 12 = Illinois
 - MS** = Multi-state (**Multi-state records** are still required even if your company only does business in the State of Illinois.)

Notes: Insurers will always code this field 12 for calendar year premium-only ("X") records.

5. **Experience Method** - This one-character alpha-numeric field designates the experience Method for the statistical data year reported. The possible codes for these lines are:

C = Calendar year (Illinois and Multistate)

A = Calendar-accident year (Illinois and Multistate)

X = Calendar year premium-only (Illinois only)

6. **Statistical Data Year** - This four-character alpha-numeric field reflects the experience year (Since the experience Methods can be either calendar year ("C") or calendar-accident year ("A") and calendar year premium-only ("X"), the statistical data year for the November 2009 annual filing for the calendar year ("C") Method will be coded 2008 or for the calendar-accident year ("A") Method will be coded for one of the years 2003-2007 and for the calendar year premium-only ("X") Method will be coded for 2008).

7. **Zip Code** - This alpha-numeric field identifies the zip code where the insured property is located. Possible codes are:

Zip code = identifies the actual zip code (Possible Illinois zip codes range from 60001 through 62999). Only residential zip codes should be used.

99999 = code for Illinois data where zip code does not fall within the acceptable Illinois range.

Note: There should be one record for each represented zip code for each of the classes HO-1, HO-2, HO-3, HO-4, HO-5, HO-6, HO-8, mobile, 323, 9A, 9B, and 9C for Illinois data and one record for each class reported for multi-state data for each year required.

For the HEQ class, Illinois data by zip code is required while multi-state reporting is not required. Insurers reporting homeowner or residential fire data using the calendar-accident ("A") Method of compiling annual experience must also report premium and exposure data using the calendar year premium-only ("X") Method by zip code.

For multi-state data, the zip code field will be blank.

8. **Classification Code** - This alpha-numeric field identifies the class of insurance being reported in the line. The insurer should report one record for multi-state data and one record for each class by zip code for Illinois data. Refer to sections 20.5 and 20.10 for possible codes for the classification field.
9. **Amount of Written Premium** - This field reflects the amount of written premiums corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B and 9C. (Refer to section 10g.)

10. **Amount of Earned Premium** - This field reflects the amount of earned premium corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B and 9C. (Refer to section 10g.)
11. **Amount of Paid Losses** - This field reflects the paid losses corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B, and 9C. (Refer to section 10h.)
12. **Amount of Outstanding Losses** - This field reflects the outstanding losses corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B and 9C. (Refer to section 10h.)
13. **Number of Written Exposures** - This field reflects the count of written exposures for each of the class codes HO-1 through HO-8, mobile, 9A, 9B and 9C. (Note that class 323 and HEQ should be zero for this field). (Refer to section 10f.)
14. **Number of Paid Claims** - This field reflects the paid claims count corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B, and 9C. (Refer to section 20j.)
15. **Number of Outstanding Claims** - This field reflects the outstanding claims Count corresponding to each of the class codes HO-1 through HO-8, mobile homes, 323, HEQ, 9A, 9B, and 9C. (Refer to section 20k.)

Section 45.3: Record Description – Private Passenger Auto Liability

Note:

- Data for the private passenger automobile liability line will be reported on a calendar-accident ("A") year and calendar year premium-only ("X") basis and will include only the voluntary market.
 - No-fault data should be excluded.
 - Antique/collectible vehicles, motor homes, motorcycles, and travel trailers should be excluded.
 - In the private passenger auto liability line, the insurer will submit one record for the line for multi-state data and one record for each zip code for Illinois data for all the required years. Insurers are also required to report premium and written exposure data by zip code using the calendar year premium-only ("X") Method of compiling annual experience.
 - The applicable bodily injury and property damage data for split limit policies will be reported in fields 8-24. The applicable data for single premium/combined single limit policies will be reported in fields 49-63. Written exposures, written premium, and earned premium for single limit policies will be reported in fields 49 through 51. Losses, loss adjustment expenses, and claim counts will be reported for bodily injury and property damage using the instructions in fields 51-63.
1. **FEIN** - This alpha-numeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).
 2. **Filing Method** - This one-character alpha-numeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:
 - 1 = American Association of Insurance Services (AAIS)
 - 2 = Insurance Services Office, Inc. (ISO)
 - 3 = National Association of Independent Insurers (NAII)
 - 4 = National Independent Statistical Service (NISS)
 - 5 = Company Direct - Partial
 - 6 = Company Direct - 100 Percent
 3. **Line of Business** - This alpha-numeric field identifies the general business line to which the data belongs. The code is:
 - 4 = Private Passenger Auto Liability
 4. **State Identifier** - This field identifies the geographical source of the data. Possible codes are:
 - 12 = Illinois

MS = Multi-State ((**Multi-state records** are still required even if your company only does business in the State of Illinois.)

Notes: Insurers will always code this field 12 for calendar year premium-only ("X") records.

5. **Experience Method** - This one-character alpha-numeric field designates the experience Method for the statistical data year reported. The code for the private passenger auto liability line is:

A = Calendar-accident year (Illinois and Multi-state)

X = Calendar year premium-only (Illinois only)

6. **Statistical Data Year** - This four-character alpha-numeric field reflects the experience year (Since the private passenger auto liability line experience Method is calendar-accident ("A") year, the statistical data year field for the November 2009 annual filing, will be coded one of the years 2003-2007 and the statistical data year field for calendar year premium-only ("X") will be coded 2008).

7. **Zip Code** - This alpha-numeric field identifies the zip code where the automobile is garaged for private personal automobile. Possible codes are:

Actual Zip Code = Identifies the record as Illinois business. (Possible Illinois zip codes range from 60001 through 62999) Only residential zip codes should be used!

99999 = Code for Illinois-only data where zip code does not fall within the acceptable Illinois range

Note: There should be one record for each represented zip code for private passenger auto liability for Illinois data and one record for the multi-state data, for each year required. For this line, each insurer will also report premium and written exposure data by zip code using the calendar year premium-only ("X") Method of annual compilation.

For multi-state data, the zip code field will be blank.

8. **Amount of PPA Liability Bodily Injury (BI) Written Premium** - This field reflects the amount of written premiums for BI. (Refer to section 10g.)
9. **Amount of PPA Liability BI Earned Premium** - This field reflects the amount of earned premiums for BI. (Refer to section 10g.)
10. **Amount of PPA Liability BI Paid Losses** - This field reflects the paid losses for BI. (Refer to section 10h.)
11. **Amount of PPA Liability BI Outstanding Losses** - This field reflects the outstanding losses for BI. (Refer to section 10h.)

12. **Amount of PPA Liability BI Paid Allocated Loss Adjustment Expenses (ALAE)** - This field reflects the allocated LAE for BI. If an insurer is unable to separate paid ALAE from the paid loss, the combined loss and ALAE will be reported in the paid loss field for the line and the code combined will appear in the paid ALAE field. (Refer to section 10i.)
13. **Amount of PPA Liability BI Outstanding Allocated Loss Adjustment Expenses (ALAE)** - This field reflects the allocated LAE for BI. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined loss and ALAE will be reported in the outstanding loss field for the line and the code combined will appear in the outstanding ALAE field. (Refer to section 10i.)
14. **Number of PPA Liability BI Written Exposures** - This field reflects the count of written exposures for the line. PPA liability written exposures are based on the bodily injury component. (Refer to section 10f.)
15. **Number of PPA Liability BI Paid Claims** - This field reflects the paid claims count for BI. (Refer to section 10j.)
16. **Number of PPA Liability BI Outstanding Claims** - This field reflects the outstanding claims count for BI. (Refer to section 10k.)
17. **Amount of PPA Liability Property Damage Written Premium** - This field reflects the amount of written premiums for property damage liability. (Refer to section 10g.)
18. **Amount of PPA Liability Property Damage Earned Premium** - This field reflects the amount of earned premiums for property damage liability. (Refer to section 10g.)
19. **Amount of PPA Liability Property Damage Paid Losses** - This field reflects the paid losses for property damage liability. (Refer to section 10h.)
20. **Amount of PPA Liability Property Damage Outstanding Losses** - This field reflects the outstanding losses for property damage liability. (Refer to section 10h.)
21. **Amount of PPA Paid Liability Property Damage Allocated LAE** - This field reflects ALAE for property damage liability. If an insurer is unable to separate paid ALAE from the paid loss, the combined paid loss and ALAE will be reported in the paid loss field for the line and the code combined will appear in the paid ALAE field. (Refer to section 10i.)
22. **Amount of PPA Outstanding Liability Property Damage Allocated LAE** - This field reflects outstanding ALAE for property damage liability. If an insurer is unable to separate outstanding ALAE from the outstanding loss, the combined outstanding loss and outstanding ALAE, will be reported in the outstanding loss field for the line and the code combined will appear in the outstanding ALAE field. (Refer to section 10i.)

23. **Number of PPA Liability Property Damage Paid Claims** - This field reflects the paid claims count for property damage liability. (Refer to section 10j.)
24. **Number of PPA Liability Property Damage Outstanding Claims** - This field reflects the outstanding claims count for property damage liability. (Refer to section 10k.)
25. **Amount of PPA Liability UM/UIM Written Premium** - This field reflects the written premiums for UM/UIM. (Refer to section 10g.)
26. **Amount of PPA Liability UM/UIM Earned Premium** - This field reflects the earned premiums for UM/UIM. (Refer to section 10g.)
27. **Amount of PPA Liability UM/UIM Paid Losses** - This field reflects the paid losses for UM/UIM. (Refer to section 10h.)
28. **Amount of PPA Liability UM/UIM Outstanding Losses** - This field reflects the outstanding losses for UM/UIM. (Refer to section 10h.)
29. **Amount of PPA Liability UM/UIM Paid Allocated LAE** - This field reflects the allocated LAE for UM/UIM liability. If an insurer is unable to separate paid allocated LAE from the paid loss, the combined loss and LAE will be reported in the paid loss field for the line and the code combined will appear in the paid ALAE field. (Refer to section 10i.)
30. **Amount of PPA Liability UM/UIM Outstanding Allocated LAE** - This field reflects the outstanding allocated LAE for UM/UIM liability. If an insurer is unable to separate outstanding allocated LAE from the outstanding loss, the combined loss and LAE will be reported in the outstanding loss field for the line and the code combined will appear in the outstanding ALAE field. (Refer to section 10i.)
31. **Number of PPA Liability UM/UIM Paid Claims** - This field reflects the paid claims count for UM/UIM liability. (Refer to section 10j.)
32. **Number of PPA Liability UM/UIM Outstanding Claims** - This field reflects the outstanding claims count for UM/UIM liability. (Refer to section 10k.)
33. **Amount of PPA Liability Medical Payments Written Premium** - This field reflects the amount of written premiums for medical payments. (Refer to section 10g.)
34. **Amount of PPA Liability Medical Payments Earned Premium** - This field reflects the amount of earned premiums for medical payments. (Refer to section 10g.)
35. **Amount of PPA Liability Medical Payments Paid Losses** - This field reflects the paid losses for medical payments. (Refer to section 10h.)
36. **Amount of PPA Liability Medical Payments Outstanding Losses** - This field reflects the outstanding losses for medical payments. (Refer to section 10h.)

37. **Amount of PPA Liability Medical Payments Paid allocated LAE** - This field reflects allocated LAE for medical payments. If an insurer is unable to separate paid allocated LAE from the paid loss, the combined loss and LAE will be reported in the paid loss field for the line and the code **combined** will appear in the paid allocated LAE field. (Refer to section 10i.)
38. **Amount of PPA Liability Medical Payments Outstanding Allocated LAE** - This field reflects allocated LAE for medical payments. If an insurer is unable to separate outstanding allocated LAE from the outstanding loss, the combined loss and LAE will be reported in the outstanding loss field for the line and the code **combined** will appear in the paid allocated LAE field. (Refer to section 10i.)
39. **Number of PPA Liability Medical Payments Paid Claims** - This field reflects the paid claims count for medical payments. (Refer to section 10j.)
40. **Number of PPA Liability Medical Payments Outstanding Claims** - This field reflects the outstanding claims count for medical payments. (Refer to section 10k.)

Note: Fields 41 through 48 will be zero filled for the majority of private passenger auto liability insurers. The purpose of the other component is to capture any private passenger auto liability data from insurers that do not fall within bodily injury, property damage, UM/UIM, or medical payments.

41. **Amount of PPA Liability Other Written Premium** - This field reflects the amount of written premiums for other (not fitting any other private passenger auto liability field). (Refer to section 10g.)
42. **Amount of PPA Liability Other Earned Premium** - This field reflects the amount of earned premiums for other (not fitting any other private passenger auto liability field). (Refer to section 10g.)
43. **Amount of PPA Liability Other Paid Losses** - This field reflects the paid losses for other (not fitting any other private passenger auto liability field). (Refer to section 10h.)
44. **Amount of PPA Liability Other Outstanding Losses** - This field reflects the outstanding losses for other (not fitting any other private passenger auto liability field). (Refer to section 10h.)
45. **Amount of PPA Liability Other Paid Allocated LAE** - This field reflects the paid allocated LAE for other (not fitting any other private passenger auto liability field). If an insurer is unable to separate paid allocated LAE from the paid loss, the combined loss and LAE will be reported in the paid loss field for the line and the code **combined** will appear in the paid allocated LAE field. (Refer to section 10i.)
46. **Amount of PPA Liability Other Outstanding Allocated LAE** - This field reflects the outstanding allocated LAE for other (not fitting any other private passenger auto liability field). If an insurer is unable to separate outstanding allocated LAE from the outstanding loss, the combined loss and LAE will be reported in the

outstanding loss field for the line and the code combined will appear in the outstanding allocated LAE field. (Refer to section 10i.)

47. **Number of PPA Liability Other Paid Claims** - This field reflects the paid claims count for other (not fitting any other liability field). (Refer to section 10j.)
48. **Number of PPA Liability Other Outstanding Claims** - This field reflects the outstanding claims count for other (not fitting any other liability field). (Refer to section 10k.)

Fields 49 - 63 provides the fields for an insurer to report its private passenger auto liability policies written with a single premium/combined single limit. For the purposes of these instructions and Part 4203 – Subpart A the above is defined as: Any private passenger automobile liability insurance policy where a single premium is developed for the combined BI and PD coverage. A combined single sum of coverage is expressed for Bodily Injury Liability and Property Damage Liability. It is the inability to assign a specific portion of the premium to either coverage that puts these policies in this category.

The following fields will be zero filled if the company has no data to report based on the above description.

49. **Number of PPA Liability Single Limit (SL) Written Exposures** - This field reflects the count of exposures written under single limit policies. (Refer to section 10f.)
50. **Amount of PPA Liability for Single Limit (SL) Written Premium** - This field reflects the amount of written premiums for policies written under single limit policies. (Refer to section 10g.)
51. **Amount of PPA Liability for Single Limit (SL) Earned Premium** - This field reflects the amount of earned premiums for policies written under single limit policies. (Refer to section 10g.)
52. **Amount of PPA Liability BI Paid Losses for SL Policies** - This field reflects the amount of paid losses for bodily injury under single limit policies. (Refer to section 10h.)
53. **Amount of PPA Liability BI Outstanding Losses for SL Policies** - This field reflects the amount of outstanding losses for bodily injury under single limit policies. (Refer to section 10h.)
54. **Amount of PPA Liability BI Paid Allocated LAE for SL Policies** - This field reflects the paid allocated LAE for bodily injury under single limit policies. If an insurer is unable to separate paid allocated LAE from the paid loss, the combined loss and LAE will be reported in the paid loss field for the line and the code combined will appear in the paid allocated LAE field. (Refer to section 10i.)
55. **Amount of PPA Liability BI Outstanding Allocated LAE for SL Policies** - This field reflects the outstanding allocated LAE for bodily injury under single limit policies. If an insurer is unable to separate outstanding allocated LAE from the

outstanding loss, the combined loss and LAE will be reported in the outstanding loss field for the line and the code combined will appear in the outstanding allocated LAE field. (Refer to section 10i.)

56. **Number of PPA Liability BI Paid Claims for SL Policies** - This field reflects the paid claims count for bodily injury under single limit policies. (Refer to section 10j.)
57. **Number of PPA Liability BI Outstanding Claims for SL Policies** - This field reflects the outstanding claims count for bodily injury under single limit policies. (Refer to section 10k.)
58. **Amount of PPA Liability Property Damage (PD) Paid Losses for SL Policies** - This field reflects the paid losses for property damage under single limit policies. (Refer to section 10h.)
59. **Amount of PPA Liability PD Outstanding Losses for SL Policies** - This field reflects the outstanding losses for property damage under single limit policies. (Refer to section 10h.)
60. **Amount of PPA Liability PD Paid Allocated LAE for SL Policies** - This field reflects the paid allocated LAE for property damage under single limit policies. If an insurer is unable to separate paid allocated LAE from the paid loss, the combined loss and LAE will be reported in the paid loss field for the line and the code combined will appear in the paid allocated LAE field. (Refer to section 10i.)
61. **Amount of PPA Liability PD Outstanding Allocated LAE for SL Policies** - This field reflects the outstanding allocated LAE for property damage under single limit policies. If an insurer is unable to separate outstanding allocated LAE from the outstanding loss, the combined loss and LAE will be reported in the outstanding loss field for the line and the code combined will appear in the outstanding allocated LAE field. (Refer to section 10i.)
62. **Number of PPA Liability PD Paid Claims** - This field reflects the paid claims count for property damage under single limit policies. (Refer to section 10j.)
63. **Number of PPA Liability PD Outstanding Claims** - This field reflects the outstanding claims count for property damage under single limit policies. (Refer to section 10k.)

Section 45.4: Record Description: Private Passenger Auto Physical Damage Line

Note:

- Private passenger auto physical damage data are to be reported on a calendar ("C") year basis for only the voluntary market.

- In the private passenger physical damage line, the insurer will code one record for the line for multi-state data and one record for the line for each zip code represented in the Illinois data. It is not necessary to submit an Illinois record that sums the Illinois data for all the zip codes. No calendar year premium-only ("X") records are required.

1. **FEIN** - This alpha-numeric field reflects the Federal Employer Identification Number assigned to the insurer. (Do not include the hyphen, for example 555555555).

2. **Filing Method** - This one-character alpha-numeric field identifies the source of the data as either a statistical agent or an insurance company. Possible codes are:

1 = American Association of Insurance Services (AAIS)

2 = Insurance Services Office, Inc. (ISO)

3 = National Association of Independent Insurers (NAII)

4 = National Independent Statistical Service (NISS)

5 = Company Direct - Partial

6 = Company Direct - 100 Percent

3. **Line of Business** - This alpha-numeric field identifies the general business line to which the data belongs. The code for private passenger auto physical damage is:

7 = Private Passenger Auto Physical Damage

4. **State Identifier** - This field identifies the geographical source of the data. Possible codes are:

12 = Illinois

MS = Multi-State (Multi-state records are still required even if your company only does business in the State of Illinois.)

5. **Experience Method** - This one-character alpha-numeric field designates the experience Method for the statistical data year reported. The code for the private passenger auto physical damage line is:

C = Calendar Year (Illinois and Multi-state)

6. **Statistical Data Year** - This four-character alpha-numeric field reflects the experience year. (Since the private passenger auto physical damage line

experience Method is calendar year, the statistical data year for the November 2009 annual filing, will be coded 2008).

7. **Zip Code** - This alpha numeric field identifies the zip code where the automobile is garaged for private personal automobile. Possible codes are:

Zip Code - Identifies the record as Illinois business. (Possible Illinois zip codes range from 60001 through 62999) Only residential zip codes should be used!

99999 = Code for Illinois data where zip code does not fall within the acceptable Illinois range.

Note: There should be one record for each represented zip code for private passenger auto physical damage for Illinois data. It is unnecessary to submit an Illinois record that sums the data for all the zip codes.

For multi-state data, the zip code field should be blank.

8. **Amount of PPA Physical Damage Comprehensive (Comp) Written Premium**
This field reflects the amount of written premiums for comprehensive. (Refer to section 10g.)
9. **Amount of PPA Comprehensive Earned Premium** - This field reflects the amount of earned premiums for comprehensive. (Refer to section 10g.)
10. **Amount of PPG Comprehensive Paid Losses** - This field reflects the paid losses for comprehensive. (Refer to section 10h.)
11. **Amount of PPA Comprehensive Outstanding Losses** - This field reflects the outstanding losses for comprehensive. (Refer to section 10h.)
12. **Number of PPA Comprehensive Written Exposures** - This field reflects the written exposure count for private passenger auto physical damage - using the comprehensive component. (Refer to section 10f.)
13. **Number of PPA Comprehensive Paid Claims** - This field reflects the paid claims count for comprehensive. (Refer to section 10j.)
14. **Number of PPA Comprehensive Outstanding Claims** - This field reflects the outstanding claims count for comprehensive. (Refer to section 10k.)
15. **Amount of PPA Collision Written Premium** - This field reflects the amount of written premiums for collision. (Refer to section 10g.)
16. **Amount of PPA Collision Property Damage Earned Premium** - This field reflects the amount of earned premiums for collision. (Refer to section 10g.)
17. **Amount of PPA Collision Paid Losses** - This field reflects the paid losses for collision. (Refer to section 10h.)

18. **Amount of PPA Collision Outstanding Losses** - This field reflects the outstanding losses for collision. (Refer to section 10h.)
19. **Number of PPA Collision Paid Claims** - This field reflects the paid claims count for collision. (Refer to section 10j.)
20. **Number of PPA Collision Outstanding Claims** - This field reflects the outstanding claim count for collision. (Refer to section 10k.)

Note: Fields 21 through 26 will be zero filled for the majority of private passenger auto physical damage insurers. The purpose of the other category is to capture any private passenger auto physical damage data from insurers that do not fall within the comprehensive or collision components

21. **Amount of PPA Other Written Premium** - This field reflects the amount of written premiums for other (not fitting in comp or collision). (Refer to section 10g.)
22. **Amount of PPA Other Earned Premiums** - This field reflects the amount of earned premiums for other (not fitting in comp or collision). (Refer to section 10g.)
23. **Amount of PPA Other Paid Losses** - This field reflects the paid losses for other (not fitting in comp or collision). (Refer to section 10h.)
24. **Amount of PPA Other Outstanding Losses** - This field reflects the outstanding losses for other (not fitting in comp or collision). (Refer to section 10h.)
25. **Number of PPA Other Paid Claims** - This field reflects the paid claims count for other (not fitting in comp or collision). (Refer to section 10j.)
26. **Number of PPA Other Outstanding Claims** - This field reflects the outstanding claims count for other (not fitting in comp or collision). (Refer to section 10k.)