

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
**PROPERTY & CASUALTY DIVISION**  
MEDICAL PROFESSIONAL LIABILITY INSURANCE  
ANNUAL CALL FOR DATA

COMPANY NAME \_\_\_\_\_ NAIC Co.# \_\_\_\_\_ Date \_\_\_\_\_

GROUP NAME \_\_\_\_\_ NAIC Grp.# \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone# \_\_\_\_\_

Title: \_\_\_\_\_ FAX# \_\_\_\_\_

Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

**CALENDAR YEAR EXPERIENCE-Kentucky Only**

	(1)	(2)	(3)	(4)
	Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred <b>ancl. LAE)</b>	Loss Ratio
<u>Year</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
5-yr Total	_____	_____	_____	_____

**EXPENSE PROVISIONS (w.r.t. written premiums)**

Latest Year

Commissions	----	%
Other Acquisition Expense	----	%
General Expense	----	%
Taxes, licenses & fees	-----	%
Sub-total expenses	----	%
Profit Load (offset for inv. Income)	----	%
Total-All expenses	----	%

Complete and return to: Property & Casualty Division  
Kentucky Department of Insurance, 500 Mero Street, PO Box 517, Frankfort, KY 40602-0517.  
Questions may be directed to the Property & Casualty Division at (502) 564-6046.

Subsequent reports must be completed and returned by March 1<sup>st</sup> each year.  
**CHP-2B P&C 11/2020**