1. Does this filing apply uniformly to all workers compensation classes?  Yes □ No □  
(If no, identify exceptions and provide justification for variations.)

2. Loss Costs Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the North Carolina Rate Bureau reference filing (Check one):
      □ Without modification (factor = 1.000).
      □ With the following modification(s):  _________________________________________________
   
   Cite the percent modification and attach supporting data and/or rationale.

   B. Loss Costs Modification Factor:   ____________

      Example (i):  If your loss costs modification is -10%, the factor is .90 (1.00 - .10).
      Example (ii):  If your loss costs modification is +15%, the factor is 1.15 (1.00 + .15).

3. Selected Expenses: (Attach Expense Provisions Exhibit)
   A. Commission and Brokerage        ____________%
   B. Other Acquisition               ____________%
   C. General Expenses                ____________%
   D. Taxes, Licenses, Fees & Loss Based Assessments ____________%
   E. Profit, Contingencies and Investment Income ____________%
   F. Other                           ____________%
   G. Total (A + B + C + D + E + F)    ____________%

4. Development of Expected Loss & Loss Adjustment Expense (Target Cost) Ratio: ____________

   Expressed in decimal form: 1.000 - 3G

5. Overall impact of expense constant & minimum premiums: ____________

   Expressed in decimal form: i.e., 1.2% overall impact would be 101.2

6. Overall impact of size-of-risk discounts plus expense gradation recognition in retrospective rating:

   Expressed in decimal form: i.e., 8.6% average discount would be 0.914.

7. Provision for premium taxes, licenses, fees and loss based assessments: ____________

   See NCRB Reference Filing, Exhibit II.

8. Company Formula Loss Costs Multiplier: ____________

   2B x (1.000 - 7)/(6 - 3G) x 5

9. Company Selected Loss Costs Multiplier: ____________

   Explain any differences between 8 and 9, other than rounding.

10. Rate Level Changes for the Coverages to which this page applies: ____________%

11. Are you amending:
    • the minimum premium formula? Yes □ No □
    • the expense constant(s)? Yes □ No □
    • the premium discount schedules? Yes □ No □

   If yes, attach documentation showing (i) premium level impact and (ii) current and proposed minimum premium formula, minimum premium multipliers, maximum minimum premiums, expense constants and/or premium discount schedules.