

Kentucky Department of Workers' Claims
 Workers' Compensation Statistical Report
 Electronic Data Reporting Instructions
 Form 150

File Content Format

Provide the following information to the Department of Workers' Claims adhering to the field formats listed below for each record being reported: (KRS 342.382)

<u>Field</u>	<u>KY Statistical Report Field</u>	<u>Field</u>	<u>KY Statistical Report Field</u>
1	Reporting Insurance Company Name	18	Direct Premiums Written
2	Insurance Company NAIC Number	19	Direct Premiums Earned
3	Direct Premiums Written	20	Dividends Paid or Credited to Policyholders
4	Direct Premiums Earned	21	Losses Paid
5	Dividends Paid or Credited to Policyholders	22	Allocated Loss Adjustment Expense (LAE)
6	Losses Paid	23	Ratio of Allocated LAE to Losses Paid
7	Allocated Loss Adjustment Expense (LAE)	24	Unallocated Loss Adjustment Expense
8	Ratio of Allocated LAE to Losses Paid	25	Ratio of Unallocated LAE to Losses Paid
9	Unallocated Loss Adjustment Expense	26	Total of Fields 21, 22, & 24
10	Ratio of Unallocated LAE to Losses Paid	27	Field 26 Divided by Field 19
11	Total of Fields 6, 7, & 9	28	Number of Claims Outstanding on 12/31
12	Field 11 Divided by Field 4	29	Total Amount of Losses Unpaid on 12/31
13	Number of Claims Outstanding on 12/31	30	Total Allocated & Unallocated LAE Unpaid on 12/31
14	Total Amount of Losses Unpaid on 12/31	31	Total of Fields 26, 29, & 30
15	Total Allocated & Unallocated LAE Unpaid on 12/31	32	Net Investment Gain or Loss (Refer to Instructions)
16	Total of Fields 11, 14, & 15		
17	Net Investment Gain or Loss (Refer to Instructions)		

Data Instructions

1. Enter data in whole dollar amounts with all fields completed.
2. Report Kentucky experience data for direct business before reinsurance transactions.
3. Report countrywide experience data for net business (direct less reinsurance transactions).
4. Send a duplicate hard copy of this report to the Workers' Compensation Advisory Council, C/O Kentucky Labor Cabinet, The 127 Building, 1049 U.S. Highway 127 South, Frankfort, Ky. 40601.

5. Item 17. Kentucky (Direct) Experience – Calculated as a percentage of the countrywide (net) amount. The percentage is derived as follows: ratio of the insurer's (a) Kentucky workers' compensation direct unpaid losses and loss adjustment expenses to (b) countrywide workers' compensation direct unpaid losses and loss adjustment expenses.
6. Item 32. Countrywide (Net) Experience – The total amount posted on the workers' compensation line in Part II of the insurer's Insurance Expense Exhibit. (Add IEE columns 18 & 20)

Acceptable Method of File Format and Data Transmission: Microsoft Excel spreadsheet by Electronic Mail.

E-Mail Address kywc.selfinsurance@ky.gov

Questions:

For assistance regarding file content, call the Compliance Branch Administrative Processing Section at 502-564-5550.

Field 1	Reporting Insurance Company Name:	
Field 2	Insurance Company NAIC Number:	
	Kentucky (Direct) Statistical Report	
Field 3	Direct Premiums Written:	
Field 4	Direct Premiums Earned:	
Field 5	Dividends Paid or Credited to Policyholders:	
Field 6	Losses Paid:	
Field 7	Allocated Loss Adjustment Expense: (LAE):	
Field 8	Ratio of Allocated LAE to Losses Paid:	
Field 9	Unallocated Loss Adjustment Expense:	
Field 10	Ratio of Unallocated LAE to Losses Paid:	
Field 11	Total of Fields 6, 7, & 9:	
Field 12	Field 11 Divided by Field 4:	
Field 13	Number of Claims Outstanding on 12/31:	
Field 14	Total Amount of Losses Unpaid on 12/31:	
Field 15	Total Allocated & Unallocated LAE Unpaid on 12/31:	
Field 16	Total of Fields 11, 14, & 15:	
Field 17	Net Investment Gain or Loss (Refer to Instructions)	
	Countrywide Statistical Report	
Field 18	Direct Premiums Written:	
Field 19	Direct Premiums Earned:	
Field 20	Dividends Paid or Credited to Policyholders:	
Field 21	Losses Paid:	
Field 22	Allocated Loss Adjustment Expense: (LAE):	
Field 23	Ratio of Allocated LAE to Losses Paid:	
Field 24	Unallocated Loss Adjustment Expense:	
Field 25	Ratio of Unallocated LAE to Losses Paid:	
Field 26	Total of Fields 21, 22, & 24:	

Field 27	Field 26 Divided by Field 19	
Field 28	Number of Claims Outstanding on 12/31:	
Field 29	Total Amount of Losses Unpaid on 12/31:	
Field 30	Total Allocated & Unallocated LAE Unpaid on 12/31:	
Field 31	Total of Fields 26, 29, & 30:	
Field 32	Net Investment Gain or Loss (Refer to Instructions)	