

**NORTH CAROLINA DEPARTMENT OF INSURANCE
RATE FILING QUESTIONNAIRE ENHANCEMENT**

INSURER NAME _____

1. INSURANCE COMPANY FILE NUMBER _____

2. ANNUAL STATEMENT PAGE 14 LINE(S) OF INSURANCE _____

3. SUBLINE/PROGRAM TITLE (IF APPLICABLE) _____

4. PROPOSED EFFECTIVE DATE: NEW _____ RENEWAL _____

5. AVERAGE RATE CHANGE PROPOSED: _____

THE FOLLOWING ARE ATTACHED AS PART OF THE FILING:

- EXHIBITS 1 AND 2.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT AND THE FILING COMPLIES WITH STATUTORY REQUIREMENTS TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF COMPANY OFFICER/FILINGS DEPARTMENT HEAD

I, _____ AM A MEMBER OF THE AMERICAN ACADEMY OF ACTUARIES SOCIETY AND AM QUALIFIED TO RENDER AN ACTUARIAL OPINION IN THIS MATTER. I HEREBY CERTIFY THAT THE PREMIUM/RATE PRESENTED IN THIS FILING IS CALCULATED IN ACCORDANCE WITH SOUND ACTUARIAL PRINCIPLES AND RESULTS IN RATES WHICH ARE NOT EXCESSIVE, INADEQUATE, OR UNFAIRLY DISCRIMINATORY.

SIGNATURE OF ACTUARY

EXHIBIT 1

EFFECT OF THE PROPOSED FILING ON ACTIVE FILINGS

SERFF FILE #	EFFECTIVE DATE	EFFECT OF PROPOSED FILING (SUPERSEDED, MODIFIED OR NONE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXHIBIT 2

ACTUARIAL SUPPORT FOR RATE MODIFICATION

THIS EXHIBIT SHOULD PROVIDE ACTUARIAL SUPPORT FOR THE PROPOSED RATE MODIFICATION AND MUST INCLUDE THE FOLLOWING INFORMATION:

- (1) NORTH CAROLINA EARNED PREMIUMS AT THE ACTUAL AND CURRENT RATE LEVEL; LOSSES AND LOSS ADJUSTMENT EXPENSES, EACH ON PAID AND INCURRED BASES WITHOUT TRENDING OR OTHER MODIFICATION FOR THE EXPERIENCE PERIOD, INCLUDING THE LOSS RATIO ANTICIPATED AT THE TIME THE RATES WERE PROMULGATED FOR THE EXPERIENCE PERIOD;
- (2) CREDIBILITY FACTOR DEVELOPMENT AND APPLICATION;
- (3) LOSS DEVELOPMENT FACTOR DERIVATION AND APPLICATION ON BOTH PAID AND INCURRED BASES AND IN BOTH NUMBERS AND DOLLARS OF CLAIMS;
- (4) TRENDING FACTOR DEVELOPMENT AND APPLICATION;
- (5) CHANGES IN PREMIUM BASE RESULTING FROM RATING EXPOSURE TRENDS;
- (6) LIMITING FACTOR DEVELOPMENT AND APPLICATION.
- (7) IF THIS IS AN ENHANCEMENT FILING MADE IN ACCORDANCE WITH NCGS 58-36-43 (A) WITH AN ADDITIONAL PREMIUM OR COST, THEN A) IF THE COMPANY HAS DATA FROM OTHER STATES, THEN PLEASE PROVIDE AT MINIMUM, PREMIUMS, LOSSES, EXPOSURES, AND CLAIM COUNTS; OR B) IF THE COMPANY HAS NO SUCH DATA THEN PLEASE SHOW PUBLICLY AVAILABLE COMPETITORS' PREMIUMS OR A JUDGMENTAL RATIONALE.