NORTH CAROLINA DEPARTMENT OF INSURANCE

REFERENCE FILING ADOPTION FORM

ADOPTION OF NORTH CAROLINA RATE BUREAU WORKERS COMPENSATION PROSPECTIVE LOSS COSTS

Insurer Name:			
Contact Person:			
Title of Contact Person:			
Telephone:			
Insurer File No.:	NCDOI File No	o.:	
NCRB Reference Filing No.:	Effective Date:		
Insurer's Proposed Effective Date (If differen Insurer's Approximate Market Share of Nort			
Loss Costs Multiplier (Attach Summary of Su	pporting Information Form):	YES	NO
To remain on file applicable to sub	osequent reference filings?		
Applicable only to this referenced	filing?		
Supporting documentation is required for th from 1.000 applied to the prospective loss co 100(e)].	e use of a Loss Costs Modification of the approved reference	ation F e filing	actor which differs 5. [See NCGS 58-36-
Loss-based assessments (currently not applic in the Bureau's prospective loss costs. [See N	able) and loss adjustment exp ICGS 58-36-100(c).]	penses	have been included
See NCGS 58-36-100(j) for instructions on I approved by the Commissioner.	Bureau reference filings that	have b	een filed with and
The insurer hereby declares that it is a memlinsurance. Further, the insurer certifies that and correct and the filing complies with stat	the information contained ir		

Signature of Company Officer/Filings Department Head

Date

FC~113 (02/07)