**Section 4203.APPENDIX A Filing Requirements for Medical Malpractice Reporting**

General Instructions

● All reports shall include only direct Illinois medical malpractice insurance business.

● Each company must provide a Reconciliation as outlined in these Filing Requirements.

● Sample tables are provided to assist companies in understanding the required data elements. They are provided for illustrative purposes only.

● Reporting will be segregated by policy type. The policy types are as follows:

1) Claims made policy type that includes prior acts coverage

2) Occurrence policy type that includes extended reporting endorsements

● Reporting by claims made policy type will be aggregated by county.

● Illinois counties will be identified in the data submission by a three digit code. The following table lists the names of the 102 Illinois counties and the code designation for each:

|  |  |
| --- | --- |
| **County Name** | **County #** |
| ADAMS | 001 |
| ALEXANDER | 002 |
| BOND | 003 |
| BOONE | 004 |
| BROWN | 005 |
| BUREAU | 006 |
| CALHOUN | 007 |
| CARROLL | 008 |
| CASS | 009 |
| CHAMPAIGN | 010 |
| CHRISTIAN | 011 |
| CLARK | 012 |
| CLAY | 013 |
| CLINTON | 014 |
| COLES | 015 |
| COOK | 016 |
| CRAWFORD | 017 |
| CUMBERLAND | 018 |
| DE KALB | 019 |
| DEWITT | 020 |
| DOUGLAS | 021 |
| DU PAGE | 022 |
| EDGAR | 023 |
| EDWARDS | 024 |
| EFFINGHAM | 025 |
| FAYETTE | 026 |
| FORD | 027 |
| FRANKLIN | 028 |
| FULTON | 029 |
| GALLATIN | 030 |
| GREENE | 031 |
| GRUNDY | 032 |
| HAMILTON | 033 |
| HANCOCK | 034 |
| HARDIN | 035 |
| HENDERSON | 036 |
| HENRY | 037 |
| IROQUOIS | 038 |
| JACKSON | 039 |
| JASPER | 040 |
| JEFFERSON | 041 |
| JERSEY | 042 |
| JO DAVIESS | 043 |
| JOHNSON | 044 |
| KANE | 045 |
| KANKAKEE | 046 |
| KENDALL | 047 |
| KNOX | 048 |
| LAKE | 049 |
| LA SALLE | 050 |
| LAWRENCE | 051 |
| LEE | 052 |
| LIVINGSTON | 053 |
| LOGAN | 054 |
| MCDONOUGH | 055 |
| MCHENRY | 056 |
| MCLEAN | 057 |
| MACON | 058 |
| MACOUPIN | 059 |
| MADISON | 060 |
| MARION | 061 |
| MARSHALL | 062 |
| MASON | 063 |
| MASSAC | 064 |
| MENARD | 065 |
| MERCER | 066 |
| MONROE | 067 |
| MONTGOMERY | 068 |
| MORGAN | 069 |
| MOULTRIE | 070 |
| OGLE | 071 |
| PEORIA | 072 |
| PERRY | 073 |
| PIATT | 074 |
| PIKE | 075 |
| POPE | 076 |
| PULASKI | 077 |
| PUTNAM | 078 |
| RANDOLPH | 079 |
| RICHLAND | 080 |
| ROCK ISLAND | 081 |
| SAINT CLAIR | 082 |
| SALINE | 083 |
| SANGAMON | 084 |
| SCHUYLER | 085 |
| SCOTT | 086 |
| SHELBY | 087 |
| STARK | 088 |
| STEPHENSON | 089 |
| TAZEWELL | 090 |
| UNION | 091 |
| VERMILION | 092 |
| WABASH | 093 |
| WARREN | 094 |
| WASHINGTON | 095 |
| WAYNE | 096 |
| WHITE | 097 |
| WHITESIDE | 098 |
| WILL | 099 |
| WILLIAMSON | 100 |
| WINNEBAGO | 101 |
| WOODFORD | 102 |
| OTHER | 103 |

● For all reports requiring by county information, the company may group the data by policy issuing county or other method that is consistent with its ratemaking practices. The company must identify which method is used. The company must use a consistent method to group the data in all by county reports. Data grouped by territory is unacceptable.

● Reporting by occurrence policy type will be aggregated by state and will include only Illinois data.

● Reports will contain 10 years of information on paid losses, paid allocated loss adjustment expenses, paid claim counts, incurred losses, incurred allocated loss adjustment expenses, incurred claim counts, earned exposures and earned premium, all on a direct reporting basis.

● Provide the name, phone number and email address of the person responsible for filing this report with the Department of Insurance.

● Reports should be submitted via either Excel worksheet or .txt file format. The submission shall be made electronically to the Illinois Department of Insurance.

**Company Defined Items**

● Describe any changes made to the way in which the data has been grouped during the past 10 years and the impact of the changes on the reports.

● Describe any changes made to reserving or claim payment practices in the past 10 years and the impact of the changes on the reports.

● Explain/define the corporate policies written by the company.

**Exhibits − Claims Made Policy Type**

● Direct paid losses by county for each of the past 10 report years. For claims made policy type, direct paid losses and direct paid allocated loss adjustment expenses shall be reported separately.

● Direct paid allocated loss adjustment expenses by county for each of the past 10 report years. For claims made policy type, direct paid losses and direct paid allocated loss adjustment expenses shall be reported separately.

● Direct paid claim counts by county for each of the past 10 report years.

● Direct incurred losses by county for each of the past 10 report years. For claims made policy type, direct incurred losses and direct incurred allocated loss adjustment expenses shall be reported separately.

○ Incurred losses equal paid losses plus case reserves.

○ Total incurred losses are required, not just incurred on open claims.

○ An accurate estimate for the claims related to that report year and county is required. Average incurred severities are unacceptable.

● Direct incurred allocated loss adjustment expenses by county for each of the past 10 report years. For claims made policy type, direct incurred losses and direct incurred allocated loss adjustment expenses shall be reported separately.

○ Total incurred allocated loss adjustment expenses are required, not just incurred on open claims.

● Direct incurred claim counts by county for each of the past 10 report years.

● Direct earned exposures by county for each of the past 10 report years.

● Direct earned premium by county for each of the past 10 report years.

**Examples of Reports for Claims Made Policy Type:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Paid Losses** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
|  |  |  |  |  |  |  |  |  |  |  |
| **Paid ALAE** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
| **County** | | | | | | | | | | |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
|  |  |  |  |  |  |  |  |  |  |  |
| **Paid Counts** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **002** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **003** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **004** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **005** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **006** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **007** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **…** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
|  |  |  |  |  |  |  |  |  |  |  |
| **Incurred Losses** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
|  |  |  |  |  |  |  |  |  |  |  |
| **Incurred ALAE** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
| **County** | | | | | | | | | | |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
|  |  |  |  |  |  |  |  |  |  |  |
| **Incurred Counts** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **002** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **003** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **004** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **005** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **006** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **007** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **…** | ## | ## | ## | ## | ## | ## | ## | ## | ## | ## |
|  |  |  |  |  |  |  |  |  |  |  |
| **Earned Exposures** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
|  |  |  |  |  |  |  |  |  |  |  |
| **Earned Premium** | |  |  |  |  |  |  |  |  |  |
|  | **Current Year** | **1 Year Prior** | **2 Year Prior** | **3 Year Prior** | **4 Year Prior** | **5 Year Prior** | **6 Year Prior** | **7 Year Prior** | **8 Year Prior** | **9 Year Prior** |
|  | | | | | | | | | | |
| **County** |  |  |  |  |  |  |  |  |  |  |
| **001** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **002** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **003** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **004** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **005** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **006** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **007** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **…** | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |

**Exhibits – Occurrence Policy Type**

● Exhibits require information and data pertaining to only Illinois medical malpractice liability business written. This data should be aggregated to state level detail.

● Direct paid losses and allocated loss adjustment expenses for each of the past 10 accident years by evaluation date. For occurrence policy type, direct paid losses and direct paid allocated loss adjustment expenses will be reported together. This data array shall be reported in accordance with NAIC Annual Statement Schedule P Instructions. The difference between a company's Schedule P and this requirement is that this array should contain direct Illinois medical malpractice data.

● Direct paid claim counts for each of the past 10 accident years by evaluation date. This data array shall be reported in accordance with NAIC Annual Statement Schedule P Instructions. The difference between a company's Schedule P and this requirement is that this array should contain direct Illinois medical malpractice data.

● Direct incurred losses and incurred allocated loss adjustment expenses for each of the past 10 accident years by evaluation date. For occurrence type policies, direct incurred losses and incurred allocated loss adjustment expenses shall be reported together. This data array shall be reported in accordance with NAIC Annual Statement Schedule P Instructions. The difference between a company's Schedule P and this requirement is that this array should contain direct Illinois medical malpractice data.

● Direct incurred claim counts for each of the past 10 accident years by evaluation date. This data array shall be reported in accordance with NAIC Annual Statement Schedule P Instructions. The difference between a company's Schedule P and this requirement is that this array should contain direct Illinois medical malpractice data.

● Direct earned exposures by accident year for each of the past 10 years.

● Direct earned premium by accident year for each of the past 10 years.

**Examples of Reports for Occurrence Policy Type:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Paid Losses and ALAE** | | | | | | | | | |  |  |
| **Years in which losses were incurred** | **9**  **Year Prior** | | **8 Year Prior** | **7 Year Prior** | **6 Year Prior** | **5 Year Prior** | **4 Year Prior** | **3 Year Prior** | **2 Year Prior** | **1 Year Prior** | **Current Year** |
|  | | | | | | | | | | | |
| **9 Year Prior** | $$ | | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **8 Year Prior** |  | | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **7 Year Prior** |  | |  | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **6 Year Prior** |  | |  |  | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **5 Year Prior** |  | |  |  |  | $$ | $$ | $$ | $$ | $$ | $$ |
| **4 Year Prior** |  | |  |  |  |  | $$ | $$ | $$ | $$ | $$ |
| **3 Year Prior** |  | |  |  |  |  |  | $$ | $$ | $$ | $$ |
| **2 Year Prior** |  | |  |  |  |  |  |  | $$ | $$ | $$ |
| **1 Year Prior** |  | |  |  |  |  |  |  |  | $$ | $$ |
| **Current Year** |  | |  |  |  |  |  |  |  |  | $$ |
|  |  | |  |  |  |  |  |  |  |  |  |
| **Paid Counts** |  | |  |  |  |  |  |  |  |  |  |
| **Years in which losses were incurred** | **9 Year Prior** | | **8 Year Prior** | **7 Year Prior** | **6 Year Prior** | **5 Year Prior** | **4 Year Prior** | **3 Year Prior** | **2 Year Prior** | **1 Year Prior** | **Current Year** |
|  | | | | | | | | | | | |
| **9 Year Prior** | ## | | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **8 Year Prior** |  | | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **7 Year Prior** |  | |  | ## | ## | ## | ## | ## | ## | ## | ## |
| **6 Year Prior** |  | |  |  | ## | ## | ## | ## | ## | ## | ## |
| **5 Year Prior** |  | |  |  |  | ## | ## | ## | ## | ## | ## |
| **4 Year Prior** |  | |  |  |  |  | ## | ## | ## | ## | ## |
| **3 Year Prior** |  | |  |  |  |  |  | ## | ## | ## | ## |
| **2 Year Prior** |  | |  |  |  |  |  |  | ## | ## | ## |
| **1 Year Prior** |  | |  |  |  |  |  |  |  | ## | ## |
| **Current Year** |  | |  |  |  |  |  |  |  |  | ## |
|  |  | |  |  |  |  |  |  |  |  |  |
| **Incurred Losses and ALAE** | | | | | |  |  |  |  |  |  |
| **Years in which losses were incurred** | **9 Year Prior** | | **8 Year Prior** | **7 Year Prior** | **6 Year Prior** | **5 Year Prior** | **4 Year Prior** | **3 Year Prior** | **2 Year Prior** | **1 Year Prior** | **Current Year** |
|  | | | | | | | | | | | |
| **9 Year Prior** | $$ | | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **8 Year Prior** |  | | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **7 Year Prior** |  | |  | $$ | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **6 Year Prior** |  | |  |  | $$ | $$ | $$ | $$ | $$ | $$ | $$ |
| **5 Year Prior** |  | |  |  |  | $$ | $$ | $$ | $$ | $$ | $$ |
| **4 Year Prior** |  | |  |  |  |  | $$ | $$ | $$ | $$ | $$ |
| **3 Year Prior** |  | |  |  |  |  |  | $$ | $$ | $$ | $$ |
| **2 Year Prior** |  | |  |  |  |  |  |  | $$ | $$ | $$ |
| **1 Year Prior** |  | |  |  |  |  |  |  |  | $$ | $$ |
| **Current Year** |  | |  |  |  |  |  |  |  |  | $$ |
|  |  | |  |  |  |  |  |  |  |  |  |
| **Incurred Counts** | |  |  |  |  |  |  |  |  |  |  |
| **Years in which losses were incurred** | **9 Year Prior** | | **8 Year Prior** | **7 Year Prior** | **6 Year Prior** | **5 Year Prior** | **4 Year Prior** | **3 Year Prior** | **2 Year Prior** | **1 Year Prior** | **Current Year** |
|  | | | | | | | | | | | |
| **9 Year Prior** | ## | | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **8 Year Prior** |  | | ## | ## | ## | ## | ## | ## | ## | ## | ## |
| **7 Year Prior** |  | |  | ## | ## | ## | ## | ## | ## | ## | ## |
| **6 Year Prior** |  | |  |  | ## | ## | ## | ## | ## | ## | ## |
| **5 Year Prior** |  | |  |  |  | ## | ## | ## | ## | ## | ## |
| **4 Year Prior** |  | |  |  |  |  | ## | ## | ## | ## | ## |
| **3 Year Prior** |  | |  |  |  |  |  | ## | ## | ## | ## |
| **2 Year Prior** |  | |  |  |  |  |  |  | ## | ## | ## |
| **1 Year Prior** |  | |  |  |  |  |  |  |  | ## | ## |
| **Current Year** |  | |  |  |  |  |  |  |  |  | ## |

|  |  |
| --- | --- |
| **Earned Exposures** | |
| **Years in which losses were incurred** | **Direct and Assumed** |
|  | |
| **9 Year Prior** |  | |
| **8 Year Prior** |  | |
| **7 Year Prior** |  | |
| **6 Year Prior** |  | |
| **5 Year Prior** |  | |
| **4 Year Prior** | | |
| **3 Year Prior** | | |
| **2 Year Prior** | | |
| **1 Year Prior** | | |
| **Current Year** | | |

|  |  |
| --- | --- |
| **Earned Premium** | |
|  | |
| **Years in which losses were incurred** | **Direct and Assumed** |
|  | |
| **9 Year Prior** |  |
| **8 Year Prior** |  |
| **7 Year Prior** |  |
| **6 Year Prior** |  |
| **5 Year Prior** |  |
| **4 Year Prior** |  |
| **3 Year Prior** |  |
| **2 Year Prior** |  |
| **1 Year Prior** |  |
| **Current Year** |  |

**Reconciliation**

Each company shall take steps to determine the data submitted under these requirements is accurate, reasonable, and appropriately reconciles to the most recently filed annual statutory financial statement.

Describe the process used to reconcile the 1204 data, filed under this requirement, to the annual statutory financial statement. Please include the magnitude of any discrepancies, a description of the differences, and the reasons for the differences.

The company's senior financial officer and a qualified actuary must certify that the data filed under these requirements is accurate and reasonably reconciles with the most recently filed annual statutory financial statement.

(Source: Amended at 42 Ill. Reg. 20370, effective November 1, 2018)