



State of Washington Loss and Expense Exhibit for Calendar Year 2019

COMPANY NAME: _____
 CONTACT PERSON: _____ TITLE: _____
 MAILING ADDRESS: _____
 CITY / STATE / ZIP: _____

NAIC GROUP CODE: _____
 NAIC COMPANY CODE: _____
 TELEPHONE: _____
 E-MAIL: _____

(AMOUNTS IN THOUSANDS OF DOLLARS)

PREMIUMS, LOSSES EXPENSES AND NET INCOME	MEDICAL MALPRACTICE				ATTORNEYS MALPRACTICE	ARCHITECTS & ENGINEERS MALPRACTICE	MUNICIPAL LIABILITY	DAY CARE CENTER LIABILITY
	PHYSICIANS & SURGEONS	HOSPITALS	OTHER HEALTH CARE PROFESSIONS	OTHER HEALTH CARE FACILITIES				
	1	2	3	4	5	6	7	8
1 Direct Premiums Written.....								
2 Direct Premiums Earned.....								
3a Direct Losses Paid.....								
3b Change in Direct Case Reserves.....								
3c Change in Direct IBNR Reserve.....								
3d Direct Losses Incurred: 3a + 3b + 3c.....	0	0	0	0	0	0	0	0
4 Direct Loss Adjustment Expense Incurred...								
5 Direct Commission and Brokerage Incurred..								
6 Other Acquisition, Field Supervision and Collection Expenses Incurred.....								
7 General Expenses Incurred.....								
8 Taxes, Licenses and Fees Incurred.....								
9 Total Expenses Incurred: 4 + 5 + 6 + 7 + 8...	0	0	0	0	0	0	0	0
10 Net Investment Gain (Including Net Realized Capital Gains).....								
11 Dividends to Policyholders.....								
12 Net Income Before Federal and Foreign Income Taxes (2 + 10) - (3d + 9 + 11)....	0	0	0	0	0	0	0	0

This exhibit is required* by RCW 48.05.380 and .390. It must be filed no later than May 1, 2020.

Email your completed exhibit to: SpecialLiabilityData@oic.wa.gov
 *Please note: If you have no data to report, the submission of this form is not required.