



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405

Phone: (503) 947-7046

350 Winter St. NE, Rm. 440, Salem, OR 97301-3883

insurance.oregon.gov

**Unpaid Workers'
Compensation Losses
Special Oregon Schedule P**

INSTRUCTIONS

Each insurer must have an officer sign the certification, which is at the bottom of Page 2. Submissions without the signed certification will not be accepted.

Please complete "Special Oregon Schedule P-RA" before claiming any amount on Line 15. This supplemental schedule lists the names of companies ceding business to the insurer and the reserves on such assumed business. Include the NAIC number for each company ceding business.

Please complete "Special Oregon Schedule P-RC" before claiming any amount on Line 16. This supplemental schedule lists the names of reinsurers and the amounts claimed as reinsurance recoverable on **approved reinsurance ceded**. (See ORS731.508 for the definition of approved reinsurance.) If any amount that your company claims on Special Schedule P-RC is not deposited by the assuming carrier, your credit will be disallowed and your company is expected to make deposits to equal the amount of denied credit. Include the NAIC number for each company listed on Schedule P-RC.

In completing Line 25, par value and market value amounts should be only for securities presently held by the Oregon Insurance Division for the class workers' compensation. Do not include on Line 25 any amounts that are currently on deposit for surety.

Any additional amount shown on Line 26 must be deposited on or before March 31. All securities placed on deposit must be rated as Class 1 by the NAIC and must meet the requirements of ORS 731.640. If the deposit exceeds the amount required on Line 26, the year-end total will be honored for release of securities without replacement up to June 1. Updated schedules, including companies listed on Schedule P-RC, will be required after that date.

Questions about filing extensions or about schedule P forms? Contact:

Lynette Hadley, phone: (503) 947-7046, e-mail: lynette.m.hadley@state.or.us

Questions about amounts of deposit or deposit requirements? Contact:

Marcia Jones, phone: (503) 947-7259, e-mail: marcia.r.jones@state.or.us

Special instructions for users of the Microsoft Excel version of this form:

Cells for entry of your data are outlined in black and filled with blue. Cells that contain calculation formulae are outlined in black with no fill color.

Because it requires a signature, Special Oregon Schedule P and its supplementary schedules must be printed out and mailed to the Oregon Insurance Division at the address at the top of this form.





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Dec. 31, 20 _____

Enter calendar year of report, called "current year" herein.

Due March 1 for determination of required deposit under ORS 731.628.

Name of insurer: _____

NAIC no.: _____ Oregon Certificate of Authority no.: _____

Address of principal office: _____

City: _____ State: _____ ZIP: _____

Contact person name: _____ Title: _____

Phone: _____ E-mail: _____

Years in which premiums were earned and losses were incurred		
Current year minus 2	Current year minus 1	Current year
Year:	Year:	Year:

Compensation premiums earned

1. Direct premiums earned			
2. Earned premiums on reinsurance assumed			
3. Earned premiums on approved reinsurance ceded			
4. Net premiums earned: Line 1 plus Line 2 minus Line 3 (see note a)			

Compensation loss payments

5. Net cumulative loss payments to end of previous year (see note a)			
6. Direct loss payments, current year			
For current year minus 3 and prior			
For all incurred years =			
7. Loss payments on reinsurance assumed			
8. Loss payments recovered on approved reinsurance ceded			
9. Net cumulative loss payments to Dec. 31, current year: Line 5 plus Line 6 plus Line 7 minus Line 8			

Compensation loss expense payments

10. Net cumulative loss expense payments to end of previous year (see note a)			
11. Loss of expense payments, current year (net as to reinsurance recovered on approved reinsurance ceded):			
11a. Allocated			
11b. Unallocated (see note b)			
12. Net cumulative loss expense payments to Dec. 31, current year: Line 10 plus Line 11a plus Line 11b			



Special Oregon Schedule P

Name of insurer: _____ NAIC no.: _____

Years in which premiums were earned and losses were incurred			
Current year minus 3 and prior Year:	Current year minus 2 Year:	Current year minus 1 Year:	Current year Year:

Compensation loss and loss expense reserve (maximum permitted interest rate 4%)

13. Total estimated gross-case-basis reserve for losses (business only)			
14. Reserve for incurred but not reported and reopened claims (direct business only)			
15. Reserve for reinsurance assumed (from Special Oregon Schedule P-RA) including IBNR			
16. Reinsurance recoverable on approved reinsurance ceded (from Special Oregon Schedule P-RC) including IBNR			
17. Total net estimated reserve for allocated and unallocated loss expenses			
18. Unpaid losses and loss expense, Dec. 31, current year: Line 13 plus Line 14 plus Line 15 minus Line 16 plus Line 17			

Computation of deposit required under ORS 731.628.

19. 65% of premium 0.65 times Line 4			
20. Cumulative loss and loss expense payments Line 9 plus Line 12			
21. Remainder Line 19 minus Line 20 (if negative, enter 0)			
22. Greater of Line 18 and Line 21			

23. Total of Line 22, all years		
24. Amount of deposit required Line 23 or \$110,000, whichever is greater		(market value)
25. Amount presently on deposit with Oregon Insurance Commissioner Workers' compensation deposits par value =		(market value)
26. Amount of additional deposit required Line 24 minus Line 25 (must be furnished by March 31)		(market value)

Note a: These amounts should agree with previous year's report.

Note b: "Adjusting and other" (unallocated) loss expenses payments for the current year should be distributed to the various years in which losses were incurred based on the number of claims reported, closed, and outstanding for those years or in a manner consistent with the method used by the company in Schedule P, Part 1D, of the Annual Statement.

Certification

Name of officer: _____ Title: _____

Signature: _____ Date: _____

Under penalty of perjury, the above designated officer certifies (or declares) that the foregoing statement is a full, true, and correct statement for the period specified, according to his or her best information, knowledge, and belief.



