

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



OFFICE OF THE MONTANA
STATE AUDITOR

TO: Foreign Surplus Lines Insurer Addressed

FROM: Steve Matthews, Chief Examiner
Montana Insurance Department
840 Helena Avenue, Helena, MT 59601

SUBJECT: Continuation of Eligibility in Montana

DATE: January 1, 2015

In order to remain an eligible surplus lines insurer in the state of Montana, the following must be submitted by **April 1**. If the due date falls on a weekend or holiday, the deadline will be extended to the next business day.

1. Montana no longer requires the filing of printed annual statements and NAIC supplements from foreign insurers if a hard copy is filed with the state of domicile and the NAIC, and if filed electronically with the NAIC. The Signed Jurat Page must be filed in lieu of annual statement filing. Facsimile signatures or reproductions of original signatures may be used. In the event that any financial data is refiled or amended, a newly completed Jurat page is required.
2. Current Certificate of Compliance from domiciliary state.
3. Annual premium by producer report. **Due April 1, the calendar year 2014 Annual Premium by Producer report must be provided in an electronic Excel spreadsheet, on a disk. Please tie the premium information to the insurer's Schedule T. The information must be reported with a sortable column for each of the following:**
 - Policyholder Name
 - Policyholder Address
 - Policy Number
 - Insurance Agency
 - Individual Agent
 - Premium Amount
 - Effective Date of Policy
4. 2005 legislation requires the Montana Medical Malpractice Professional Liability Experience Report from all insurers writing medical malpractice professional liability insurance in Montana [Section 33-23-310, MCA]. **Due April 1. Form attached.**

Submissions and related correspondence should be directed to Tim Morris, Examinations Bureau.

MONTANA MEDICAL MALPRACTICE PROFESSIONAL LIABILITY EXPERIENCE REPORT
 Pursuant to 33-23-310, MCA

Supplement to 2014 Annual Statement for _____ (Company) _____ NAIC #
To be filed March 1 (Surplus Lines Companies, file by April 1)

REQUIRED INFORMATION - From preceding calendar year	PHYSICIANS	OSTEOPATHS	PODIATRISTS	DENTISTS	OPTOMETRISTS	REGISTERED NURSE	LICENSED PRACTICAL NURSE	ALL OTHER SPECIALTIES	HEALTH CARE FACILITIES as defined by 50-5-101(23), MCA	TOTAL
1. Number of insureds @ December 31										
a. Number of claims-made basis policies										
b. Number of occurrence basis policies										
2. a. Amount of direct premiums paid (written)										
b. Amount of direct premiums earned										
c. Total amount of underwriting expenses (Note in Total column only)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. Number of claims made against insureds										
a. Direct losses paid in 3										
b. Direct Case loss reserves in 3										
c. Direct IBNR loss reserves in 3										
d. Direct ALAE paid in 3										
e. Direct Case ALAE reserves in 3										
f. Direct IBNR ALAE reserves in 3										
4. Number of closed claims with direct loss paid										
a. Total amount of direct losses paid in 4										
5. Number of claims open with no direct loss paid										
6. Number of lawsuits filed against insureds										
a. Number of lawsuit claims closed without settlement										
b. Number of lawsuit claims closed with settlement										
c. Total amount paid in settlements in 6b										
8. Number of lawsuits that went to trial										
a. Number of judgments or verdicts for the plaintiff in 8										
b. Number of judgments or verdicts for the insured in 8										
c. Number of other judgments or verdicts in 8										
9. Total of direct losses paid for claims that went to trial and were closed										