

COMMISSIONER OF SECURITIES & INSURANCE



OFFICE OF THE MONTANA
STATE AUDITOR

TO: Service Agent Addressed

FROM: Examinations Bureau

SUBJECT: Alien Surplus Lines Insurers
Continuation of Eligibility in Montana

The requirements for alien surplus lines insurers have been amended as of July 1, 2011. Alien insurers must appear on the NAIC non-admitted insurers quarterly listing to be qualified to issue surplus lines policies in Montana.

Pursuant to 2005 legislation requiring the Montana Medical Malpractice Professional Liability Experience Report from all insurers writing medical malpractice professional liability insurance in Montana (Mont. Code Ann. §33-23-310), please submit the attached form, if you have such data to report. This form is due on April 1 and should be filed electronically, by emailing it to CSIExams@mt.gov. In the subject line of your email, please indicate that you are submitting an alien surplus lines insurer medical malpractice report.

If you have any questions, please contact the Examinations Bureau at CSIExams@mt.gov or (406) 444-2040.



| 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 | | | | | | | | | | |
| 7. 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 | | | | | | | | | | |
| 8. Total of direct losses paid for claims that went to trial and were closed | | | | | | | | | | |