

# COMMISSIONER OF SECURITIES & INSURANCE



## OFFICE OF THE MONTANA STATE AUDITOR

TO: Eligible Foreign Surplus Lines Insurers  
FROM: Steve Matthews, Chief Examiner  
SUBJECT: Continuation of Eligibility in Montana  
DATE: February 4, 2020

To remain an eligible surplus lines insurer in the state of Montana, the following items must be submitted by **April 1, 2020**.

1. Current Certificate of Compliance from domiciliary state.
2. Annual Premium by Producer Report. The calendar year 2019 Annual Premium by Producer Report must be provided in Excel spreadsheet format. Please ensure that premium information conforms with Schedule T from the 2019 annual financial statement. Please transmit the report using the Montana File Transfer Service (FTS). FTS instructions can be found at <https://transfer.mt.gov/Home/Instructions> Please address the report to [SMatthews@mt.gov](mailto:SMatthews@mt.gov) Please include the following items in the report:
  - Policyholder Name
  - Policyholder Address
  - Policy Number
  - Insurance Agency
  - Individual Agent
  - Premium Amount
  - Effective Date of Policy
3. Montana Medical Malpractice Professional Liability Experience Report. Only required from companies writing medical malpractice professional liability insurance in Montana in calendar year 2019. See Mont. Code Ann. § 33-23-310. Form attached.

Items 1 and 3 can be submitted by e-mail to [SMatthews@mt.gov](mailto:SMatthews@mt.gov)



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

Supplement to 2019 Annual Statement for \_\_\_\_\_ NAIC # \_\_\_\_\_  
 To be filed March 1 (Surplus Lines Companies, file by April 1)  
**NO FILING REQUIRED IF NO DATA TO REPORT**

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										