

COMMISSIONER OF SECURITIES & INSURANCE



OFFICE OF THE MONTANA STATE AUDITOR

TO: Eligible Foreign Surplus Lines Insurers

FROM: Examinations Bureau

SUBJECT: Continuation of Eligibility in Montana

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

An Annual Premium by Producer Report for the previous calendar year, in an Excel spreadsheet format. Please ensure that premium information conforms with Schedule T of your annual financial statement. The following items should be included in the report:

- Policyholder Name
- Policyholder Address
- Policy Number
- Insurance Agency
- Individual Agent
- Premium Amount
- Effective Date of Policy

A completed copy of the attached Montana Medical Malpractice Professional Liability Experience Report. This form is only required of companies that wrote medical malpractice professional liability insurance in Montana, during the year. (Mont. Code Ann. § 33-23-310)

The above items should be submitted electronically by emailing CSIExams@mt.gov. If the report is too large to submit by email, it may be sent through the Montana File Transfer Service (FTS). FTS instructions are found at <https://transfer.mt.gov/Home/Instructions>. When using the FTS, please select Steve Matthews (smatthews@mt.gov) as the recipient.

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



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										