



State of Washington Loss and Expense Exhibit for Calendar Year 2017

COMPANY NAME: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY / STATE / ZIP: \_\_\_\_\_

NAIC GROUP CODE: \_\_\_\_\_  
 NAIC COMPANY CODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

(AMOUNTS IN THOUSANDS OF DOLLARS)

| PREMIUMS, LOSSES<br>EXPENSES AND NET INCOME   | MEDICAL MALPRACTICE      |           |                                     |                                    | ATTORNEYS<br>MALPRACTICE | ARCHITECTS<br>& ENGINEERS<br>MALPRACTICE | MUNICIPAL<br>LIABILITY | DAY CARE<br>CENTER<br>LIABILITY |
|---|--------------------------|-----------|-------------------------------------|------------------------------------|--------------------------|--|------------------------|---------------------------------|
|   | PHYSICIANS<br>& SURGEONS | HOSPITALS | OTHER<br>HEALTH CARE<br>PROFESSIONS | OTHER<br>HEALTH CARE<br>FACILITIES |                          |  |                        |                                 |
|   | 1                        | 2         | 3                                   | 4                                  | 5                        | 6  | 7                      | 8                               |
| 1 Direct Premiums Written.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 2 Direct Premiums Earned.....   |                          |           |                                     |                                    |                          |  |                        |                                 |
| 3a Direct Losses Paid.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 3b Change in Direct Case Reserves.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 3c Change in Direct IBNR Reserve.....   |                          |           |                                     |                                    |                          |  |                        |                                 |
| 3d Direct Losses Incurred: 3a + 3b + 3c.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 4 Direct Loss Adjustment Expense Incurred...  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 5 Direct Commission and Brokerage Incurred..  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 6 Other Acquisition, Field Supervision<br>and Collection Expenses Incurred.....       |                          |           |                                     |                                    |                          |  |                        |                                 |
| 7 General Expenses Incurred.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 8 Taxes, Licenses and Fees Incurred.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 9 Total Expenses Incurred: 4 + 5 + 6 + 7 + 8...                                       |                          |           |                                     |                                    |                          |  |                        |                                 |
| 10 Net Investment Gain<br>(Including Net Realized Capital Gains).....                 |                          |           |                                     |                                    |                          |  |                        |                                 |
| 11 Dividends to Policyholders.....  |                          |           |                                     |                                    |                          |  |                        |                                 |
| 12 Net Income Before Federal and Foreign<br>Income Taxes (2 + 10) - (3d + 9 + 11).... |                          |           |                                     |                                    |                          |  |                        |                                 |

This exhibit is required\* by RCW 48.05.380 and .390. It must be filed no later than May 1, 2018.

Email your completed exhibit to: [SpecialLiabilityData@oic.wa.gov](mailto:SpecialLiabilityData@oic.wa.gov)  
 \*Please note: If you have no data to report, the submission of this form is not required.