

New Jersey Schedule "Q" - Accident Year Call for Compensation Experience Valued as of December 31, 2009
Total Experience - Voluntary, Plan Risk, Large Deductible and Approved Managed Care Program Business Combined (Call #1Q)

Carrier / Group _____

Submitted by: _____

Title: _____

Telephone No.: _____

Date Submitted: _____

Accident Year	(1)	(2)	(3)	Accumulated Accident Year Incurred Losses			
				Paid (Pg. 2 (9) + (10)) (4)	Outstanding Excl. IBNR & Bulk (Pg. 2 (11) + (12)) (5)	IBNR & Bulk Reserves (Pg. 2 (13) + (14)) (6)	Total Incurred Losses Incl. IBNR & Bulk (4) + (5) + (6) (7)
A. 1942 - 1987	R E S E R V E D F O R F U T U R E U S E						
B. 1988							
C. 1989							
D. 1990							
E. 1991							
F. 1992							
G. 1993							
H. 1994							
I. 1995							
J. 1996							
K. 1997							
L. 1998							
M. 1999							
N. 2000							
O. 2001							
P. 2002							
Q. 2003							
R. 2004							
S. 2005							
T. 2006							
U. 2007							
V. 2008							
W. 2009							
X. Total as of 12/31/2009							

This report is due on April 1, 2010.

Send to: Mr. Chuck Santoro, Senior Actuarial Analyst, Compensation Rating & Inspection Bureau, 60 Park Place, Newark, New Jersey 07102

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Carrier / Group _____

Accumulated Accident Year Incurred Losses

Accident Year	Incurred Indemnity Claim Count (8)	Paid		Outstanding Excluding IBNR & Bulk		IBNR & Bulk Reserves	
		Indemnity (9)	Medical (10)	Indemnity (11)	Medical (12)	Indemnity (13)	Medical (14)
A. 1942 - 1987	x x x x						
B. 1988							
C. 1989							
D. 1990							
E. 1991							
F. 1992							
G. 1993							
H. 1994							
I. 1995							
J. 1996							
K. 1997							
L. 1998							
M. 1999							
N. 2000							
O. 2001							
P. 2002							
Q. 2003							
R. 2004							
S. 2005							
T. 2006							
U. 2007							
V. 2008							
W. 2009							
X. Total as of 12/31/2009	x x x x						

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