

**Bulletin 70**

**INSURER COMPLIANCE WITH INDIANA CODE SECTION 27-1-20-21**

May 29, 1991

Pursuant to Ind. Code s 27-1-20-21, insurers which provide the following types of insurance in Indiana are required to file financial statements for calendar year 1990:

- (1) Political Subdivision, including public schools
- (2) Liquor Liability
- (3) Recreational Facilities Liability Insurance
- (4) Lawyers Professional Liability Insurance
- (5) Product Liability Insurance
- (6) Uninsured, Underinsured Motorists Insurance
- (7) Owners, Landlords and Tenants Liability Insurance
- (8) Day Care Centers Liability Insurance
- (9) Child Care Liability
- (10) Errors and Omissions Liability Insurance
- (11) Officer and Directors Liability Insurance

Insurers shall file the following information pursuant to Ind. Code s 27-1-20-21(c):

- (1) Direct Premiums Written
- (2) Direct Premiums Earned
- (3) Direct Losses Paid
- (4) Direct Losses Incurred
- (5) Direct Losses Paid
- (6) Allocated Loss Adjustment Expenses
- (7) Unallocated Loss Adjustment Expenses

In addition, insurers must file the following information as defined in Ind. Code s 27-1-20-21(c):

- (1) The number of jury awards paid under the provisions of the insurance during the calendar year, and the total amount paid for all jury awards.
- (2) The number of court awards (other than jury awards) paid under the provisions of the insurance during the calendar year, and the total amount paid for all of those awards.
- (3) The number of negotiated settlements paid under the provisions of the insurance during the calendar year, and the total amount paid for all those negotiated settlements.

Because the filing deadline (March 1) for the 1990 annual statement has passed, information outlined in Ind. Code s 27-1-20-21(c) and (e) will be due to the Department on or before September 15, 1991. The report on the 1991 information is due on or before March 1, 1992, along with other financial statement information required pursuant to Ind. Code s 27-1-3-13.

Attached for your convenience is a copy of the form upon which the 1990 information is to be submitted. It is a temporary form which will be replaced by a permanent printed form for the 1991 filing.

Thank you for your immediate attention and compliance with this Bulletin.

John J. Dillon III  
Commissioner

**INDIANA DEPARTMENT OF INSURANCE LIABILITY INSURANCE REPORTING  
REQUIREMENT UNDER IC 27-1-20-21 For the Year ended December 31, 1990**

Of the \_\_\_\_\_ Insurance Company  
Address (City, State and Zip Code) \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

**To be filed on or before September 15, 1991**

(This is a temporary form designed for compliance with IC 27-1-20-21 for the 1990 calendar year. It will be replaced by a permanent printed form which will be available later this year for compliance with this requirement for the 1991 calendar year.)

**PART A**

Type of Insurance \_\_\_\_\_

Direct Premiums Written \_\_\_\_\_

Direct Premiums Earned \_\_\_\_\_

Direct Losses Paid \_\_\_\_\_

Direct Losses Incurred \_\_\_\_\_

Direct Losses Unpaid \_\_\_\_\_

Allocated Loss Adjustment Expenses \_\_\_\_\_

Unallocated Loss Adjustment Expenses \_\_\_\_\_

(Please make a copy of this form for each additional type of insurance coverage which your company is subject to under IC 27-1-20-21 subsection (g).)

**PART B**

Please answer the following questions to IC 27-1-20-21 subsection (c) if applicable:

1. The number of jury awards paid under the provisions of the insurance during the 1990 calendar year, and the total amount paid for all jury awards.

\_\_\_\_\_

2. The number of court awards (other than jury awards) paid under the provisions of the insurance during the calendar year, and the total amount paid for all of those awards.

\_\_\_\_\_

3. The number of negotiated settlements paid under the provisions of the insurance during the 1990 calendar year, and the total amount paid for all those negotiated settlements.

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**OATHS**

I, \_\_\_\_\_ (President, Vice President) and I, \_\_\_\_\_  
(Secretary, Assistant Secretary) of \_\_\_\_\_ Insurance Company, being  
duly sworn, each for himself deposes and says that they are the above described officers of the said  
insurer, and that on the thirty-first day of December last, all of the herein described information  
contained, annexed or referred to in this form are full and true statements of the said insurer as of the  
thirty-first day of December last, according to the best of their information, knowledge and belief,  
respectively.

\_\_\_\_\_  
(President, Vice President)

\_\_\_\_\_  
(Secretary, Asst. Secretary)

Subscribed and sworn or affirmed to before me this \_\_\_\_ day of \_\_\_\_\_ 1991.