



Workers Compensation Insurance Organizations, Inc.

WCIO

**WCIO Workers Compensation Data  
Specifications**

**WORKERS COMPENSATION EXPERIENCE  
MODIFICATION/MERIT ADJUSTMENT  
ELECTRONIC RATING SPECIFICATIONS  
(WCRATING)**

*Changed Record Type Applicability*

| Record                           |                            | Change Reason          |
|----------------------------------|----------------------------|------------------------|
| Risk Name and Addresses Record   |                            | DCO Requirement Change |
| From Not Applicable in: CA, NCCI | To Not Applicable in: NCCI |                        |

| TOPIC/ FIELD NAME                                    | SUBJECT HEADING                          | POSITION                |
|------------------------------------------------------|------------------------------------------|-------------------------|
| <b>A</b>                                             |                                          |                         |
| ACTUAL EXCESS LOSS AMOUNT                            | State/Firm Summary Information Record    | <a href="#">113-121</a> |
| ACTUAL INCURRED LOSS MESSAGE CODE                    | Payroll/Loss Information Record          | <a href="#">283-283</a> |
| ACTUAL INCURRED LOSS TOTAL                           | State/Firm Summary Information Record    | <a href="#">122-130</a> |
| ACTUAL INCURRED LOSS TOTAL AMOUNT                    | Payroll/Loss Information Record          | <a href="#">265-273</a> |
| ACTUAL PRIMARY LOSS AMOUNT                           | Payroll/Loss Information Record          | <a href="#">274-282</a> |
|                                                      | State/Firm Summary Information Record    | <a href="#">140-148</a> |
| ACTUAL PRIMARY LOSS MESSAGE CODE                     | Payroll/Loss Information Record          | <a href="#">284-284</a> |
| ADDRESS - CITY                                       | Risk Name and Addresses Record           | <a href="#">253-282</a> |
| ADDRESS - STATE                                      | Risk Name and Addresses Record           | <a href="#">283-284</a> |
| ADDRESS - STREET                                     | Risk Name and Addresses Record           | <a href="#">173-212</a> |
|                                                      | Risk Name and Addresses Record           | <a href="#">213-252</a> |
| ADDRESS - ZIP CODE                                   | Risk Name and Addresses Record           | <a href="#">285-293</a> |
| ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR       | Rating Information Record                | <a href="#">156-158</a> |
|                                                      | State/Firm Summary Information Record    | <a href="#">149-151</a> |
| AUTHORIZED CLASSIFICATION CODE INFORMATION CODE      | Payroll/Loss Information Record          | <a href="#">241-241</a> |
| AVERAGE BALLAST AMOUNT                               | State/Firm Summary Information Record    | <a href="#">152-160</a> |
| <b>B</b>                                             |                                          |                         |
| BALLAST AMOUNT                                       | State/Firm Summary Information Record    | <a href="#">131-139</a> |
| BRANCH CODE                                          | Branch Code Information Record           | <a href="#">62-64</a>   |
|                                                      | Rating Information Record                | <a href="#">243-245</a> |
| BUSINESS SEGMENT IDENTIFIER                          | Header Record                            | <a href="#">22-28</a>   |
|                                                      | Rating Information Record                | <a href="#">302-308</a> |
| <b>C</b>                                             |                                          |                         |
| CALIFORNIA RATING EFFECTIVE DATE                     | Additional Rating Information Record     | <a href="#">134-141</a> |
| CAP LIMIT                                            | State/Firm Summary Information Record    | <a href="#">165-168</a> |
| CARRIER CODE                                         | Additional Rating Information Record     | <a href="#">22-26</a>   |
|                                                      | Branch Code Information Record           | <a href="#">22-26</a>   |
|                                                      | Contingent Rating Record                 | <a href="#">22-26</a>   |
|                                                      | Header Record                            | <a href="#">3-7</a>     |
|                                                      | Messages Record                          | <a href="#">22-26</a>   |
|                                                      | Payroll/Loss Information Record          | <a href="#">22-26</a>   |
|                                                      | Policy Level Messages Record             | <a href="#">22-26</a>   |
|                                                      | Primary/State Summary Information Record | <a href="#">22-26</a>   |
|                                                      | Rating Information Record                | <a href="#">22-26</a>   |
|                                                      | Rating Information Record                | <a href="#">238-242</a> |
|                                                      | Risk Name and Addresses Record           | <a href="#">22-26</a>   |
|                                                      | State/Firm Summary Information Record    | <a href="#">22-26</a>   |
| CARRIER CODE - EXPERIENCE                            | Payroll/Loss Information Record          | <a href="#">69-73</a>   |
|                                                      | Policy Level Messages Record             | <a href="#">179-183</a> |
|                                                      | Primary/State Summary Information Record | <a href="#">69-73</a>   |
| CARRIER GROUP CODE                                   | Header Record                            | <a href="#">8-12</a>    |
| CARRIER ZIP CODE                                     | Branch Code Information Record           | <a href="#">99-107</a>  |
| CATASTROPHE NUMBER                                   | Payroll/Loss Information Record          | <a href="#">305-306</a> |
| CITY OF THE PHYSICAL BRANCH ADDRESS                  | Branch Code Information Record           | <a href="#">67-98</a>   |
| CLAIM COUNT                                          | Payroll/Loss Information Record          | <a href="#">307-311</a> |
| CLAIM NUMBER                                         | Payroll/Loss Information Record          | <a href="#">247-258</a> |
| CLASSIFICATION CODE                                  | Payroll/Loss Information Record          | <a href="#">153-156</a> |
| CLASSIFICATION CODE SUFFIX                           | Payroll/Loss Information Record          | <a href="#">157-157</a> |
| CLASSIFICATION CODE WORDING                          | Payroll/Loss Information Record          | <a href="#">158-187</a> |
| COMBINABLE ID NUMBER                                 | Risk Name and Addresses Record           | <a href="#">304-312</a> |
| CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR | Rating Information Record                | <a href="#">165-167</a> |
| COVERAGE ID NUMBER                                   | Payroll/Loss Information Record          | <a href="#">108-115</a> |
|                                                      | Risk Name and Addresses Record           | <a href="#">294-303</a> |
| CREDIBILITY EXCESS FACTOR                            | State/Firm Summary Information Record    | <a href="#">183-186</a> |
| CREDIBILITY PRIMARY FACTOR                           | State/Firm Summary Information Record    | <a href="#">179-182</a> |

| TOPIC/ FIELD NAME                                       | SUBJECT HEADING                          | POSITION                |
|---------------------------------------------------------|------------------------------------------|-------------------------|
| <b>D</b>                                                |                                          |                         |
| DATA CODE                                               | Payroll/Loss Information Record          | <a href="#">188-188</a> |
| DETAIL CONTINGENT EFFECTIVE DATE                        | Contingent Rating Record                 | <a href="#">174-177</a> |
| DETAIL POLICY NUMBER IDENTIFIER                         | Contingent Rating Record                 | <a href="#">218-235</a> |
| DETAIL RECORD COUNT TOTAL                               | File Control Record                      | <a href="#">4-13</a>    |
| DETAIL REPORT LEVEL CODE / REPORT NUMBER                | Contingent Rating Record                 | <a href="#">172-173</a> |
| D-RATIO (DISCOUNT RATIO) FACTOR                         | Payroll/Loss Information Record          | <a href="#">196-201</a> |
| <b>E</b>                                                |                                          |                         |
| ELIGIBILITY PREMIUM AMOUNT - EXPERIENCE                 | Payroll/Loss Information Record          | <a href="#">312-319</a> |
| EXPECTED EXCESS LOSS TOTALS                             | State/Firm Summary Information Record    | <a href="#">187-195</a> |
| EXPECTED EXCESS LOSSES                                  | State/Firm Summary Information Record    | <a href="#">86-94</a>   |
| EXPECTED LOSS RATE (ELR)                                | Payroll/Loss Information Record          | <a href="#">189-195</a> |
| EXPECTED LOSS TOTAL                                     | Payroll/Loss Information Record          | <a href="#">223-231</a> |
|                                                         | State/Firm Summary Information Record    | <a href="#">95-103</a>  |
| EXPECTED PRIMARY LOSS AMOUNT                            | Payroll/Loss Information Record          | <a href="#">232-240</a> |
|                                                         | State/Firm Summary Information Record    | <a href="#">104-112</a> |
| EXPERIENCE END DATE                                     | Additional Rating Information Record     | <a href="#">104-109</a> |
| EXPERIENCE START DATE                                   | Additional Rating Information Record     | <a href="#">98-103</a>  |
| EXPOSURE AMOUNT                                         | Payroll/Loss Information Record          | <a href="#">202-211</a> |
| <b>F</b>                                                |                                          |                         |
| FIRM CODE/MULTIPLE ENTITY CODE                          | Contingent Rating Record                 | <a href="#">170-171</a> |
|                                                         | Payroll/Loss Information Record          | <a href="#">67-68</a>   |
|                                                         | Primary/State Summary Information Record | <a href="#">67-68</a>   |
|                                                         | Rating Information Record                | <a href="#">67-68</a>   |
|                                                         | Risk Name and Addresses Record           | <a href="#">67-68</a>   |
|                                                         | State/Firm Summary Information Record    | <a href="#">67-68</a>   |
| FIRST TIME MAIL INDICATOR                               | Rating Information Record                | <a href="#">284-284</a> |
| FLORIDA ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR  | Rating Information Record                | <a href="#">162-164</a> |
| FORM TYPE CODE                                          | Contingent Rating Record                 | <a href="#">236-240</a> |
| <b>I</b>                                                |                                          |                         |
| INCURRED INDEMNITY AMOUNT                               | Payroll/Loss Information Record          | <a href="#">294-302</a> |
| INCURRED MEDICAL AMOUNT                                 | Payroll/Loss Information Record          | <a href="#">285-293</a> |
| INDICATED RATING FACTOR                                 | Rating Information Record                | <a href="#">168-172</a> |
| INJURY CODE (INJURY TYPE)                               | Payroll/Loss Information Record          | <a href="#">259-260</a> |
| <b>L</b>                                                |                                          |                         |
| LIMIT CHARGE FACTOR                                     | State/Firm Summary Information Record    | <a href="#">161-163</a> |
| LINE NUMBER                                             | Messages Record                          | <a href="#">76-78</a>   |
|                                                         | Policy Level Messages Record             | <a href="#">76-78</a>   |
| LOSS DATA TYPE CODE                                     | Payroll/Loss Information Record          | <a href="#">264-264</a> |
| LOSS LIMITED REDUCTION TOTAL                            | State/Firm Summary Information Record    | <a href="#">169-178</a> |
| LOSS SEQUENCE NUMBER                                    | Payroll/Loss Information Record          | <a href="#">242-246</a> |
| <b>M</b>                                                |                                          |                         |
| MANUAL/CHARGED RATE                                     | Payroll/Loss Information Record          | <a href="#">212-218</a> |
| MARKET TYPE CODE                                        | Rating Information Record                | <a href="#">237-237</a> |
| MASSACHUSETTS ALL RISK ADJUSTMENT PROGRAM (ARAP) FACTOR | Rating Information Record                | <a href="#">291-293</a> |
| MESSAGE                                                 | Messages Record                          | <a href="#">79-178</a>  |
|                                                         | Policy Level Messages Record             | <a href="#">79-178</a>  |
| MESSAGE CODE                                            | Messages Record                          | <a href="#">70-72</a>   |
| MESSAGE SEQUENCE                                        | Messages Record                          | <a href="#">73-75</a>   |
|                                                         | Policy Level Messages Record             | <a href="#">73-75</a>   |
| <b>N</b>                                                |                                          |                         |

| TOPIC/ FIELD NAME                     | SUBJECT HEADING                          | POSITION                |
|---------------------------------------|------------------------------------------|-------------------------|
| NAME CODE NUMBER                      | Risk Name and Addresses Record           | <a href="#">69-71</a>   |
| NAME OF DETAIL CARRIER                | Contingent Rating Record                 | <a href="#">178-217</a> |
| NAME OF FIRM                          | Payroll/Loss Information Record          | <a href="#">118-147</a> |
| NAME OF INSURED                       | Rating Information Record                | <a href="#">71-100</a>  |
|                                       | Risk Name and Addresses Record           | <a href="#">72-171</a>  |
| NAME OF INSURED CONTINUED             | Rating Information Record                | <a href="#">101-130</a> |
| NAME OF STATE                         | Rating Information Record                | <a href="#">131-150</a> |
| NUMBER OF RATINGS                     | File Control Record                      | <a href="#">14-21</a>   |
| <b>P</b>                              |                                          |                         |
| PAYROLL SEQUENCE NUMBER               | Payroll/Loss Information Record          | <a href="#">148-152</a> |
| POLICY - TOTAL EXPOSURE               | Primary/State Summary Information Record | <a href="#">116-126</a> |
| POLICY EFFECTIVE DATE                 | Rating Information Record                | <a href="#">264-271</a> |
| POLICY EFFECTIVE DATE - EXPERIENCE    | Payroll/Loss Information Record          | <a href="#">92-99</a>   |
|                                       | Policy Level Messages Record             | <a href="#">202-209</a> |
|                                       | Primary/State Summary Information Record | <a href="#">92-99</a>   |
| POLICY EXPIRATION DATE                | Rating Information Record                | <a href="#">272-279</a> |
| POLICY EXPIRATION DATE - EXPERIENCE   | Payroll/Loss Information Record          | <a href="#">100-107</a> |
|                                       | Primary/State Summary Information Record | <a href="#">100-107</a> |
| POLICY NUMBER IDENTIFIER              | Additional Rating Information Record     | <a href="#">27-44</a>   |
|                                       | Branch Code Information Record           | <a href="#">27-44</a>   |
|                                       | Contingent Rating Record                 | <a href="#">27-44</a>   |
|                                       | Messages Record                          | <a href="#">27-44</a>   |
|                                       | Payroll/Loss Information Record          | <a href="#">27-44</a>   |
|                                       | Policy Level Messages Record             | <a href="#">27-44</a>   |
|                                       | Primary/State Summary Information Record | <a href="#">27-44</a>   |
|                                       | Rating Information Record                | <a href="#">27-44</a>   |
|                                       | Rating Information Record                | <a href="#">246-263</a> |
|                                       | Risk Name and Addresses Record           | <a href="#">27-44</a>   |
|                                       | State/Firm Summary Information Record    | <a href="#">27-44</a>   |
| POLICY NUMBER IDENTIFIER - EXPERIENCE | Payroll/Loss Information Record          | <a href="#">74-91</a>   |
|                                       | Policy Level Messages Record             | <a href="#">184-201</a> |
|                                       | Primary/State Summary Information Record | <a href="#">74-91</a>   |
| POLICY TOTAL: ACTUAL INCURRED LOSSES  | Primary/State Summary Information Record | <a href="#">137-146</a> |
| POLICY TOTAL: PRIMARY ACTUAL LOSSES   | Primary/State Summary Information Record | <a href="#">147-156</a> |
| PRELIMINARY STATE RATING CODE         | State/Firm Summary Information Record    | <a href="#">75-75</a>   |
| PRIMARY LOSSES - ACTUAL TOTALS        | Rating Information Record                | <a href="#">210-218</a> |
| PRIMARY LOSSES - EXPECTED TOTALS      | Rating Information Record                | <a href="#">183-191</a> |
| <b>R</b>                              |                                          |                         |
| RATABLE EXCESS - ACTUAL               | Rating Information Record                | <a href="#">219-227</a> |
| RATABLE EXCESS - EXPECTED             | Rating Information Record                | <a href="#">192-200</a> |
| RATE SHEET IDENTIFICATION NUMBER      | Rating Information Record                | <a href="#">294-301</a> |
| RATING EFFECTIVE DATE                 | Additional Rating Information Record     | <a href="#">12-19</a>   |
|                                       | Branch Code Information Record           | <a href="#">12-19</a>   |
|                                       | Contingent Rating Record                 | <a href="#">12-19</a>   |
|                                       | Messages Record                          | <a href="#">12-19</a>   |
|                                       | Payroll/Loss Information Record          | <a href="#">12-19</a>   |
|                                       | Policy Level Messages Record             | <a href="#">12-19</a>   |
|                                       | Primary/State Summary Information Record | <a href="#">12-19</a>   |
|                                       | Rating Information Record                | <a href="#">12-19</a>   |
|                                       | Risk Name and Addresses Record           | <a href="#">12-19</a>   |
|                                       | State/Firm Summary Information Record    | <a href="#">12-19</a>   |
| RATING EXPIRATION DATE                | Additional Rating Information Record     | <a href="#">45-52</a>   |
|                                       | Branch Code Information Record           | <a href="#">45-52</a>   |
|                                       | Contingent Rating Record                 | <a href="#">45-52</a>   |
|                                       | Messages Record                          | <a href="#">45-52</a>   |
|                                       | Payroll/Loss Information Record          | <a href="#">45-52</a>   |
|                                       | Policy Level Messages Record             | <a href="#">45-52</a>   |
|                                       | Primary/State Summary Information Record | <a href="#">45-52</a>   |

| TOPIC/ FIELD NAME                                                | SUBJECT HEADING                          | POSITION                |
|------------------------------------------------------------------|------------------------------------------|-------------------------|
| RATING FACTOR<br>RATING ISSUE DATE                               | Rating Information Record                | <a href="#">45-52</a>   |
|                                                                  | Risk Name and Addresses Record           | <a href="#">45-52</a>   |
|                                                                  | State/Firm Summary Information Record    | <a href="#">45-52</a>   |
|                                                                  | Rating Information Record                | <a href="#">151-155</a> |
|                                                                  | Additional Rating Information Record     | <a href="#">53-60</a>   |
|                                                                  | Branch Code Information Record           | <a href="#">53-60</a>   |
|                                                                  | Contingent Rating Record                 | <a href="#">53-60</a>   |
|                                                                  | Messages Record                          | <a href="#">53-60</a>   |
|                                                                  | Payroll/Loss Information Record          | <a href="#">53-60</a>   |
|                                                                  | Policy Level Messages Record             | <a href="#">53-60</a>   |
|                                                                  | Primary/State Summary Information Record | <a href="#">53-60</a>   |
|                                                                  | Rating Information Record                | <a href="#">53-60</a>   |
|                                                                  | Risk Name and Addresses Record           | <a href="#">53-60</a>   |
|                                                                  | State/Firm Summary Information Record    | <a href="#">53-60</a>   |
| RATING TYPE CODE<br>RECORD TYPE CODE                             | Rating Information Record                | <a href="#">62-62</a>   |
|                                                                  | Additional Rating Information Record     | <a href="#">1-2</a>     |
|                                                                  | Branch Code Information Record           | <a href="#">1-2</a>     |
|                                                                  | Contingent Rating Record                 | <a href="#">1-2</a>     |
|                                                                  | File Control Record                      | <a href="#">1-2</a>     |
|                                                                  | Header Record                            | <a href="#">1-2</a>     |
|                                                                  | Messages Record                          | <a href="#">1-2</a>     |
|                                                                  | Payroll/Loss Information Record          | <a href="#">1-2</a>     |
|                                                                  | Policy Level Messages Record             | <a href="#">1-2</a>     |
|                                                                  | Primary/State Summary Information Record | <a href="#">1-2</a>     |
|                                                                  | Rating Information Record                | <a href="#">1-2</a>     |
|                                                                  | Risk Name and Addresses Record           | <a href="#">1-2</a>     |
|                                                                  | State/Firm Summary Information Record    | <a href="#">1-2</a>     |
|                                                                  | Additional Rating Information Record     | <a href="#">110-115</a> |
| RELEASE DATE<br>RERATE EFFECTIVE DATE<br>RESERVED FOR FUTURE USE | Additional Rating Information Record     | <a href="#">116-121</a> |
|                                                                  | Payroll/Loss Information Record          | <a href="#">219-222</a> |
|                                                                  | State/Firm Summary Information Record    | <a href="#">205-319</a> |
| RESERVED FOR FUTURE USE                                          | Additional Rating Information Record     | <a href="#">62-97</a>   |
|                                                                  | Additional Rating Information Record     | <a href="#">142-319</a> |
|                                                                  | Branch Code Information Record           | <a href="#">108-319</a> |
|                                                                  | Contingent Rating Record                 | <a href="#">62-69</a>   |
|                                                                  | Contingent Rating Record                 | <a href="#">241-319</a> |
|                                                                  | File Control Record                      | <a href="#">22-319</a>  |
|                                                                  | Header Record                            | <a href="#">29-319</a>  |
|                                                                  | Messages Record                          | <a href="#">62-69</a>   |
|                                                                  | Messages Record                          | <a href="#">179-319</a> |
|                                                                  | Payroll/Loss Information Record          | <a href="#">62-64</a>   |
|                                                                  | Payroll/Loss Information Record          | <a href="#">116-117</a> |
|                                                                  | Payroll/Loss Information Record          | <a href="#">303-304</a> |
|                                                                  | Policy Level Messages Record             | <a href="#">62-72</a>   |
|                                                                  | Policy Level Messages Record             | <a href="#">210-319</a> |
|                                                                  | Primary/State Summary Information Record | <a href="#">62-64</a>   |
|                                                                  | Primary/State Summary Information Record | <a href="#">108-115</a> |
|                                                                  | Primary/State Summary Information Record | <a href="#">157-319</a> |
|                                                                  | Rating Information Record                | <a href="#">65-66</a>   |
|                                                                  | Rating Information Record                | <a href="#">69-70</a>   |
|                                                                  | Rating Information Record                | <a href="#">161-161</a> |
|                                                                  | Rating Information Record                | <a href="#">280-280</a> |
|                                                                  | Rating Information Record                | <a href="#">285-290</a> |
|                                                                  | Rating Information Record                | <a href="#">309-319</a> |
|                                                                  | Risk Name and Addresses Record           | <a href="#">62-66</a>   |
|                                                                  | Risk Name and Addresses Record           | <a href="#">172-172</a> |
|                                                                  | Risk Name and Addresses Record           | <a href="#">313-319</a> |
|                                                                  | State/Firm Summary Information Record    | <a href="#">62-64</a>   |
|                                                                  | State/Firm Summary Information Record    | <a href="#">69-72</a>   |
|                                                                  | State/Firm Summary Information Record    | <a href="#">82-85</a>   |
|                                                                  | State/Firm Summary Information Record    | <a href="#">164-164</a> |

| TOPIC/ FIELD NAME                                                              | SUBJECT HEADING                          | POSITION                |
|--------------------------------------------------------------------------------|------------------------------------------|-------------------------|
| RESERVED FOR NCCI USE                                                          | Rating Information Record                | <a href="#">160-160</a> |
| REVISION CODE                                                                  | Additional Rating Information Record     | <a href="#">61-61</a>   |
|                                                                                | Branch Code Information Record           | <a href="#">61-61</a>   |
|                                                                                | Contingent Rating Record                 | <a href="#">61-61</a>   |
|                                                                                | Messages Record                          | <a href="#">61-61</a>   |
|                                                                                | Payroll/Loss Information Record          | <a href="#">61-61</a>   |
|                                                                                | Policy Level Messages Record             | <a href="#">61-61</a>   |
|                                                                                | Primary/State Summary Information Record | <a href="#">61-61</a>   |
|                                                                                | Rating Information Record                | <a href="#">61-61</a>   |
|                                                                                | Risk Name and Addresses Record           | <a href="#">61-61</a>   |
|                                                                                | State/Firm Summary Information Record    | <a href="#">61-61</a>   |
| REVISION NUMBER                                                                | Rating Information Record                | <a href="#">63-64</a>   |
| RISK ID NUMBER                                                                 | Additional Rating Information Record     | <a href="#">3-11</a>    |
|                                                                                | Branch Code Information Record           | <a href="#">3-11</a>    |
|                                                                                | Contingent Rating Record                 | <a href="#">3-11</a>    |
|                                                                                | Messages Record                          | <a href="#">3-11</a>    |
|                                                                                | Payroll/Loss Information Record          | <a href="#">3-11</a>    |
|                                                                                | Policy Level Messages Record             | <a href="#">3-11</a>    |
|                                                                                | Primary/State Summary Information Record | <a href="#">3-11</a>    |
|                                                                                | Rating Information Record                | <a href="#">3-11</a>    |
|                                                                                | Risk Name and Addresses Record           | <a href="#">3-11</a>    |
|                                                                                | State/Firm Summary Information Record    | <a href="#">3-11</a>    |
| <b>S</b>                                                                       |                                          |                         |
| SARAP FACTOR                                                                   | Rating Information Record                | <a href="#">281-283</a> |
| SPLIT POINT AMOUNT                                                             | State/Firm Summary Information Record    | <a href="#">196-204</a> |
| SPLIT RATING CODE                                                              | Rating Information Record                | <a href="#">182-182</a> |
| STABILIZING VALUE                                                              | Rating Information Record                | <a href="#">173-181</a> |
| STATE ABBREVIATION                                                             | Branch Code Information Record           | <a href="#">65-66</a>   |
|                                                                                | State/Firm Summary Information Record    | <a href="#">73-74</a>   |
| STATE CODE                                                                     | Additional Rating Information Record     | <a href="#">20-21</a>   |
|                                                                                | Branch Code Information Record           | <a href="#">20-21</a>   |
|                                                                                | Contingent Rating Record                 | <a href="#">20-21</a>   |
|                                                                                | Contingent Rating Record                 | <a href="#">70-169</a>  |
|                                                                                | Messages Record                          | <a href="#">20-21</a>   |
|                                                                                | Payroll/Loss Information Record          | <a href="#">20-21</a>   |
|                                                                                | Policy Level Messages Record             | <a href="#">20-21</a>   |
|                                                                                | Primary/State Summary Information Record | <a href="#">20-21</a>   |
|                                                                                | Rating Information Record                | <a href="#">20-21</a>   |
|                                                                                | Risk Name and Addresses Record           | <a href="#">20-21</a>   |
|                                                                                | State/Firm Summary Information Record    | <a href="#">20-21</a>   |
|                                                                                | State/Firm Summary Information Record    | <a href="#">65-66</a>   |
| STATE CODE - EXPERIENCE                                                        | Payroll/Loss Information Record          | <a href="#">65-66</a>   |
|                                                                                | Primary/State Summary Information Record | <a href="#">65-66</a>   |
| STATUS OF CLAIM CODE                                                           | Payroll/Loss Information Record          | <a href="#">263-263</a> |
| STATUS OF RATE FILING CODE                                                     | Rating Information Record                | <a href="#">159-159</a> |
| SUBJECT PREMIUM AMOUNT                                                         | Primary/State Summary Information Record | <a href="#">127-136</a> |
| SUPERSEDES RATING DATE                                                         | Additional Rating Information Record     | <a href="#">128-133</a> |
| <b>T</b>                                                                       |                                          |                         |
| THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | Header Record                            | <a href="#">13-21</a>   |
| TOTALS - ACTUAL                                                                | Rating Information Record                | <a href="#">228-236</a> |
| TOTALS - EXPECTED                                                              | Rating Information Record                | <a href="#">201-209</a> |
| TRAILER TYPE CODE                                                              | File Control Record                      | <a href="#">3-3</a>     |
| <b>U</b>                                                                       |                                          |                         |
| UNITED STATES LONGSHORE AND HARBOR WORKERS' DCO INDICATION CODE                | Payroll/Loss Information Record          | <a href="#">261-262</a> |

| TOPIC/ FIELD NAME    | SUBJECT HEADING                          | POSITION                |
|----------------------|------------------------------------------|-------------------------|
| W                    |                                          |                         |
| WCRATING FORMAT CODE | Additional Rating Information Record     | <a href="#">320-320</a> |
|                      | Branch Code Information Record           | <a href="#">320-320</a> |
|                      | Contingent Rating Record                 | <a href="#">320-320</a> |
|                      | File Control Record                      | <a href="#">320-320</a> |
|                      | Header Record                            | <a href="#">320-320</a> |
|                      | Messages Record                          | <a href="#">320-320</a> |
|                      | Payroll/Loss Information Record          | <a href="#">320-320</a> |
|                      | Policy Level Messages Record             | <a href="#">320-320</a> |
|                      | Primary/State Summary Information Record | <a href="#">320-320</a> |
|                      | Rating Information Record                | <a href="#">320-320</a> |
|                      | Risk Name and Addresses Record           | <a href="#">320-320</a> |
|                      | State/Firm Summary Information Record    | <a href="#">320-320</a> |
|                      | State/Firm Summary Information Record    | <a href="#">76-81</a>   |
|                      | Additional Rating Information Record     | <a href="#">122-127</a> |
| WEIGHT FACTOR        |                                          |                         |
| WITHDRAWN DATE       |                                          |                         |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

**HEADER RECORD**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                |    |         |     |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|-----|
| 1 | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: DE, PA</i><br><br>Report "00".<br><br>Record Type Code 00 will contain Header information used to identify each Carrier Pup's (Carrier Group's Subsidiary Companies) Distribution records. There will be multiple worksheets (01–07) records. Record Type Code 99 will indicate the end of the distribution records for that Carrier Pup (Carrier Group's Subsidiary Companies). | AN | 1-2     | 2   |
| 2 | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: DE, PA</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.                                                                                                                                                                                                                                                                                            | N  | 3-7     | 5   |
| 3 | <b>CARRIER GROUP CODE</b><br><i>NOT APPLICABLE: DE, MN, PA</i><br><br>Report the number assigned by DCOs to distribution carriers classed together by ownership or business functions.                                                                                                                                                                                                                                         | N  | 8-12    | 5   |
| 4 | <b>THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b><br><i>NOT APPLICABLE: DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider.                                                                                                                                      | N  | 13-21   | 9   |
| 5 | <b>BUSINESS SEGMENT IDENTIFIER</b><br><i>NOT APPLICABLE: DE, MI, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the series of identifying codes provided by the data provider.                                                                                                                                                                                                                                                     | N  | 22-28   | 7   |
| 6 | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: DE, PA</i>                                                                                                                                                                                                                                                                                                                                                                | AN | 29-319  | 291 |
| 7 | <b>WCRATING FORMAT CODE</b><br><i>NOT APPLICABLE: DE, PA</i><br><br>Report the code that identifies the version format.                                                                                                                                                                                                                                                                                                        | AN | 320-320 | 1   |

**Code Description**

|       |      |
|-------|------|
| 1     | WCIO |
| Blank | NCCI |

| Field No.                        | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                   | Class | Position | Bytes |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>RATING INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                           |       |          |       |
| 1                                | <b>RECORD TYPE CODE</b><br>Report "01".<br><br>Record Type Code 01 will contain rating information used to produce the final experience modification page and the Header Record on each worksheet page.<br><br>Link data contains fields common to all record types and is located in positions 3-61 of this record.                                                                                      | AN    | 1-2      | 2     |
| 2                                | <b>RISK ID NUMBER</b><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                | <b>RATING EFFECTIVE DATE</b><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                | <b>STATE CODE</b><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                | <b>CARRIER CODE</b><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                | <b>POLICY NUMBER IDENTIFIER</b><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: NCCI, NY</i><br><br>Report the date that the rating expires.<br><br>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI<br><br>Report 00000000 in this field when the Rating Type Code                                          | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                          | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | (position 62 of this record), value D, is reported. N/A: CA, DE, MA, MI, MN, NC, NJ, PA, WI<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                                              |       |          |       |
| 8         | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: NC</i><br><br>Report the date the rating was calculated.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                                  | N     | 53-60    | 8     |
| 9         | <b>REVISION CODE</b><br>Report the code that indicates whether there has been a revision.<br><br><b>Code Description</b><br>1 Not Revised<br>2 Revised                                                                                                                                                                                                                                                                                           | N     | 61-61    | 1     |
| 10        | <b>RATING TYPE CODE</b><br>Report the code that indicates the type of rating being reported.<br><br><b>Code Description</b><br>C Cannot Issue N/A: CA, MA, MI, MN, NC, NJ, NY, WI<br>D Does Not Qualify (DNQ) N/A: MI<br>E Experience Rating<br>I Independent Bureau N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI<br>M Merit Adjustment N/A: CA, NC, NCCI, NY, WI<br>N Not Rated- No Current Coverage N/A: CA, MI, NCCI, WI<br>W Withdraw N/A: MI | AN    | 62-62    | 1     |
| 11        | <b>REVISION NUMBER</b><br><i>NOT APPLICABLE: DE, MI, NY, PA</i><br><br>Report the number that indicates the revision sequence of a rating.                                                                                                                                                                                                                                                                                                       | N     | 63-64    | 2     |
| 12        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | AN    | 65-66    | 2     |
| 13        | <b>FIRM CODE/MULTIPLE ENTITY CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the code that identifies the entities with separate policies that have been combined for experience rating                                                                                                                                                                                                                | AN    | 67-68    | 2     |

| Field No. | Field Title/Description                                                                                                                                                                                   | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | purposes.                                                                                                                                                                                                 |       |          |       |
| 14        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                            | AN    | 69-70    | 2     |
| 15        | <b>NAME OF INSURED</b><br><i>NOT APPLICABLE: DE, PA</i>                                                                                                                                                   | AN    | 71-100   | 30    |
|           | Report the name of the insured for which the rating was promulgated.                                                                                                                                      |       |          |       |
| 16        | <b>NAME OF INSURED CONTINUED</b><br><i>NOT APPLICABLE: DE, PA</i>                                                                                                                                         | AN    | 101-130  | 30    |
|           | Report the name of the insured as a continuation from positions 71-100.                                                                                                                                   |       |          |       |
| 17        | <b>NAME OF STATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>                                                                                                                         | AN    | 131-150  | 20    |
|           | Report the full name of the state (interstate)for which the rating was promulgated.                                                                                                                       |       |          |       |
| 18        | <b>RATING FACTOR</b><br>Report the rating plan factor for the insured.                                                                                                                                    | N     | 151-155  | 5     |
|           | There is an assumed decimal point between positions 152 and 153.                                                                                                                                          |       |          |       |
| 19        | <b>ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI</i>                                                                                                | N     | 156-158  | 3     |
|           | Report the ARAP factor.                                                                                                                                                                                   |       |          |       |
|           | This program imposes additional charges on employers in the residual market where applicable.                                                                                                             |       |          |       |
|           | This field will continue to be populated with the Massachusetts All Risk Adjustment Program Factor which is also found in positions 291-293 of this record. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
|           | There is an assumed decimal point between positions 156 and 157.                                                                                                                                          |       |          |       |
| 20        | <b>STATUS OF RATE FILING CODE</b><br><i>NOT APPLICABLE: CA, MI, MN, NC</i>                                                                                                                                | AN    | 159-159  | 1     |
|           | Report the code that indicates the status of the rate filing for which the experience modification was promulgated.                                                                                       |       |          |       |
|           | <b>Code Description</b>                                                                                                                                                                                   |       |          |       |
|           | F Final - Rate filing has been approved.                                                                                                                                                                  |       |          |       |
|           | P Preliminary - Rate filing has been filed and is pending Approval.                                                                                                                                       |       |          |       |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                     | Class | Position | Bytes |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 21        | <b>RESERVED FOR NCCI USE</b>                                                                                                                                                                                                                                                                                                                                | AN    | 160-160  | 1     |
| 22        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                              | AN    | 161-161  | 1     |
| 23        | <b>FLORIDA ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i><br><br>Report the Florida ARAP factor.<br><br>This program imposes additional charges on employers in the residual market where applicable.<br><br>There is an assumed decimal point between positions 162 and 163.          | N     | 162-164  | 3     |
| 24        | <b>CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, PA, WI</i><br><br>Report the factor that is used to provide a premium credit for contracting classifications.<br><br>There is an assumed decimal point between positions 165 and 166.                                                           | N     | 165-167  | 3     |
| 25        | <b>INDICATED RATING FACTOR</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i><br><br>Report the experience modification prior to capping.<br><br>There is an assumed decimal point between positions 169 and 170.                                                                                                                           | N     | 168-172  | 5     |
| 26        | <b>STABILIZING VALUE</b><br><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, PA</i><br><br>Report the number added to each side of the equation to reduce extreme ratings.<br><br>Example: Expected Excess x (1 – Weight) + Ballast. Part of the Experience Rating Formula.                                                                                       | N     | 173-181  | 9     |
| 27        | <b>SPLIT RATING CODE</b><br><i>NOT APPLICABLE: CA, MA, MI, NC</i><br><br>Report the code that indicates a split rating.<br><br>If reporting codes 1,2, or 3, refer to positions 79-178 on Record Type Code 05 for details regarding the split rating.<br><br><b>Code Description</b><br>0 No Split Rating<br>1 Split Rating Due to Separate State Modifiers | AN    | 182-182  | 1     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                 | Class | Position | Bytes |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | 2 Split Rating Due to Ownership Changes                                                                                                                                                                                                                                                                 |       |          |       |
|           | 3 Split Rating Due to Addition of a New State                                                                                                                                                                                                                                                           |       |          |       |
| 28        | <b>PRIMARY LOSSES - EXPECTED TOTALS</b><br><i>NOT APPLICABLE: DE, PA</i><br><br>Report the amount that is the total expected losses for the state used in the experience mod formula.                                                                                                                   | N     | 183-191  | 9     |
| 29        | <b>RATABLE EXCESS - EXPECTED</b><br><i>NOT APPLICABLE: DE, MN, PA</i><br><br>Report the difference between the expected and primary losses.                                                                                                                                                             | N     | 192-200  | 9     |
| 30        | <b>TOTALS - EXPECTED</b><br><i>NOT APPLICABLE: DE, NC, PA</i><br><br>Report the total expected losses for the state used in the experience modification formula.                                                                                                                                        | N     | 201-209  | 9     |
| 31        | <b>PRIMARY LOSSES - ACTUAL TOTALS</b><br>Report the amount that is the actual incurred loss total.<br><br>Include both paid and reserved over the experience period, limited to specified maximum amount(s). N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI                                                  | N     | 210-218  | 9     |
| 32        | <b>RATABLE EXCESS - ACTUAL</b><br><i>NOT APPLICABLE: DE, MN, PA</i><br><br>Report the Actual Ratable Excess Amount multiplied by the Weighting Value.<br><br>This field will only apply to experience modifications effective prior to 01/1/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI           | N     | 219-227  | 9     |
| 33        | <b>TOTALS - ACTUAL</b><br><i>NOT APPLICABLE: NC</i><br><br>Report the total losses for the state used in the experience modification formula.<br><br>Include the total paid and case reserve for all claims incurred during the experience rating period. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI | N     | 228-236  | 9     |
| 34        | <b>MARKET TYPE CODE</b><br><i>NOT APPLICABLE: CA, DE, MN, NY, PA, WI</i><br><br>Report the code that indicates the distribution policy market status.                                                                                                                                                   | A     | 237-237  | 1     |

**Code Description**

| Field No. | Field Title/Description                                                                                                                                                                                                                       | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | A Normal Assignment Risk                                                                                                                                                                                                                      |       |          |       |
|           | D Assigned Risk written under MA Voluntary Direct<br>Assigned Risk Program N/A: CA, DE, MI, MN, NC,<br>NCCI, NJ, NY, PA, WI                                                                                                                   |       |          |       |
|           | S Self Insured Group N/A: CA, DE, MI, MN, NC, NCCI,<br>NJ, NY, PA, WI                                                                                                                                                                         |       |          |       |
|           | V Voluntary                                                                                                                                                                                                                                   |       |          |       |
| 35        | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: CA, DE, NY, PA</i><br><br>Report the code assigned to the reporting company by NCCI<br>or other DCO.<br><br>This is the carrier code associated with the rating distribution.                       | N     | 238-242  | 5     |
| 36        | <b>BRANCH CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, NJ, PA</i><br><br>Report the branch code associated with the rating<br>distribution.                                                                                                     | AN    | 243-245  | 3     |
| 37        | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, MI, NY</i><br><br>Report the unique identifier used for identifying the policy.<br><br>Do not report embedded blanks or marks of punctuation.                                       | AN    | 246-263  | 18    |
| 38        | <b>POLICY EFFECTIVE DATE</b><br><i>NOT APPLICABLE: NY</i><br><br>Report the date that the policy became effective.<br><br>This is the policy in effect when the rating was promulgated.<br><br>Format CCYYMMDD.                               | N     | 264-271  | 8     |
| 39        | <b>POLICY EXPIRATION DATE</b><br><i>NOT APPLICABLE: CA, MI, MN, NY</i><br><br>Report the date that the policy expired.<br><br>This is the expiration date of the policy in effect when the rating<br>was promulgated.<br><br>Format CCYYMMDD. | N     | 272-279  | 8     |
| 40        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                | AN    | 280-280  | 1     |
| 41        | <b>SARAP FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>                                                                                                                                                          | N     | 281-283  | 3     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                              | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the factor used to impose additional charges on employers in the residual market where applicable.                                                                                                                                                                                                                                                                                                                            |       |          |       |
|           | There is an assumed decimal point between positions 281 and 282.                                                                                                                                                                                                                                                                                                                                                                     |       |          |       |
| 42        | <b>FIRST TIME MAIL INDICATOR</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i><br><br>Report the applicable indicator code.<br><br>This indicator identifies if this risk ID and rating effective date has been distributed to this carrier previously.<br><br>This field is used for billing purposes and relays an indicator on the packing slip. N/A: NJ<br><br><b>Code Description</b><br><br>Y First Time Mailed | AN    | 284-284  | 1     |
| 43        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                       | AN    | 285-290  | 6     |
| 44        | <b>MASSACHUSETTS ALL RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, PA, WI</i><br><br>Report the factor that is used to impose additional charges on employers in the voluntary and residual markets where applicable.<br><br>There is an assumed decimal point between positions 291 and 292.                                                                                          | N     | 291-293  | 3     |
| 45        | <b>RATE SHEET IDENTIFICATION NUMBER</b><br><i>NOT APPLICABLE: MI, NJ, WI</i><br><br>Report the unique identification number assigned to a rate sheet for tracking.                                                                                                                                                                                                                                                                   | AN    | 294-301  | 8     |
| 46        | <b>BUSINESS SEGMENT IDENTIFIER</b><br><i>NOT APPLICABLE: MI, NC, NCCI, NJ, NY, WI</i><br><br>Report the series of series of identifying codes provided by the data provider.                                                                                                                                                                                                                                                         | N     | 302-308  | 7     |
| 47        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                       | AN    | 309-319  | 11    |
| 48        | <b>WCRATING FORMAT CODE</b><br><br>Report the code that identifies the version format.<br><br><b>Code Description</b><br><br>1 WCIO<br><br>Blank NCCI                                                                                                                                                                                                                                                                                | AN    | 320-320  | 1     |

| Field No.                             | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                      | Class | Position | Bytes |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>RISK NAME AND ADDRESSES RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |          |       |
| 1                                     | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report "A1".<br><br>Record Type Code A1 will contain risk information.                                                                                                                                                                                                                                                                                                         | AN    | 1-2      | 2     |
| 2                                     | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                     | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                     | <b>STATE CODE</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                     | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                     | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: NCCI</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                     | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: NCCI, NY</i>                                                                                                                                                                                                                                                                                                                                                                             | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                    | Class | Position | Bytes |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date that the rating expires.                                                                                                                                                                   |       |          |       |
|           | Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                  |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                                                           |       |          |       |
| 8         | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: NC, NCCI</i>                                                                                                                                                | N     | 53-60    | 8     |
|           | Report the date the rating was calculated.                                                                                                                                                                 |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                                                           |       |          |       |
| 9         | <b>REVISION CODE</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                                                                        | N     | 61-61    | 1     |
|           | Report the code that indicates whether there has been a revision.                                                                                                                                          |       |          |       |
|           | <b>Code Description</b>                                                                                                                                                                                    |       |          |       |
|           | 1 Not Revised                                                                                                                                                                                              |       |          |       |
|           | 2 Revised                                                                                                                                                                                                  |       |          |       |
| 10        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                                                              | AN    | 62-66    | 5     |
| 11        | <b>FIRM CODE/MULTIPLE ENTITY CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                                   | AN    | 67-68    | 2     |
|           | Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.                                                                                |       |          |       |
|           | This field will be used as the "master file tag".                                                                                                                                                          |       |          |       |
| 12        | <b>NAME CODE NUMBER</b><br><i>NOT APPLICABLE: MI, NCCI</i>                                                                                                                                                 | N     | 69-71    | 3     |
|           | Report the number that indicates the order in which the name of the insured appears on the policy.                                                                                                         |       |          |       |
|           | This number references the order in which the name records appear on the rate sheet, and may not match the order of the name records reported on the policy. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
|           | Populate with "001" for primary name, "002" for secondary names, etc.                                                                                                                                      |       |          |       |
| 13        | <b>NAME OF INSURED</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                                                                      | AN    | 72-171   | 100   |

| Field No. | Field Title/Description                                                                                                                                      | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the name of the insured for which the rating was promulgated.                                                                                         |       |          |       |
| 14        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                | AN    | 172-172  | 1     |
| 15        | <b>ADDRESS - STREET</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                       | AN    | 173-212  | 40    |
|           | Report the street number and name, post office box, or other description.                                                                                    |       |          |       |
|           | This is the first line of the address of the insured.                                                                                                        |       |          |       |
| 16        | <b>ADDRESS - STREET</b><br><i>NOT APPLICABLE: MI, NC, NCCI</i>                                                                                               | AN    | 213-252  | 40    |
|           | Report the street number and name, post office box, or other description.                                                                                    |       |          |       |
|           | This is the second line of the address of the insured.                                                                                                       |       |          |       |
|           | This will be the extended street address which will wrap on the rate sheet and is not a dedicated second line. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
| 17        | <b>ADDRESS - CITY</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                         | AN    | 253-282  | 30    |
|           | Report the city name.                                                                                                                                        |       |          |       |
| 18        | <b>ADDRESS - STATE</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                        | AN    | 283-284  | 2     |
|           | Report the US Postal Service abbreviation for the state.                                                                                                     |       |          |       |
| 19        | <b>ADDRESS - ZIP CODE</b><br><i>NOT APPLICABLE: NCCI</i>                                                                                                     | AN    | 285-293  | 9     |
|           | Report the postal or zip code.                                                                                                                               |       |          |       |
| 20        | <b>COVERAGE ID NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i>                                                                                     | AN    | 294-303  | 10    |
|           | Report the identifier for a specific employer's coverage for which the exposure/loss information pertains.                                                   |       |          |       |
| 21        | <b>COMBINABLE ID NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i>                                                                                   | AN    | 304-312  | 9     |
|           | Report the unique identifier assigned by the DCO for all coverage that is combinable for experience rating.                                                  |       |          |       |
| 22        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                               | AN    | 313-319  | 7     |

| Field No. | Field Title/Description                             | Class              | Position | Bytes |
|-----------|-----------------------------------------------------|--------------------|----------|-------|
|           | NOT APPLICABLE: NCCI                                |                    |          |       |
| 23        | WCRATING FORMAT CODE                                | AN                 | 320-320  | 1     |
|           | NOT APPLICABLE: NCCI                                |                    |          |       |
|           | Report the code that identifies the version format. |                    |          |       |
|           | <b>Code</b>                                         | <b>Description</b> |          |       |
|           | 1                                                   | WCIO               |          |       |
|           | Blank                                               | NCCI               |          |       |

| Field No.                                   | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Class | Position | Bytes |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>ADDITIONAL RATING INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |          |       |
| 1                                           | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report "B1".<br><br>Record Type Code B1 will contain additional rating information used to produce the final experience modification page and the Header Details on each worksheet page.                                                                                                                                                                                       | AN    | 1-2      | 2     |
| 2                                           | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                           | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                           | <b>STATE CODE</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                           | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                           | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                           | <b>RATING EXPIRATION DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                  | Class | Position    | Bytes |             |   |         |   |       |   |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------|-------------|---|---------|---|-------|---|
|           | <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the date that the rating expires.</p> <p>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Format CCYYMMDD.</p> |       |             |       |             |   |         |   |       |   |
| 8         | <p><b>RATING ISSUE DATE</b></p> <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the date the rating was calculated.</p> <p>Format CCYYMMDD.</p>                                                                                                                                                | N     | 53-60       | 8     |             |   |         |   |       |   |
| 9         | <p><b>REVISION CODE</b></p> <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the code that indicates whether there has been a revision.</p> <table><tr><th>Code</th><th>Description</th></tr><tr><td>1</td><td>Not Revised</td></tr><tr><td>2</td><td>Revised</td></tr></table>                 | Code  | Description | 1     | Not Revised | 2 | Revised | N | 61-61 | 1 |
| Code      | Description                                                                                                                                                                                                                                                                                                              |       |             |       |             |   |         |   |       |   |
| 1         | Not Revised                                                                                                                                                                                                                                                                                                              |       |             |       |             |   |         |   |       |   |
| 2         | Revised                                                                                                                                                                                                                                                                                                                  |       |             |       |             |   |         |   |       |   |
| 10        | <p><b>RESERVED FOR FUTURE USE</b></p> <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p>                                                                                                                                                                                                                    | AN    | 62-97       | 36    |             |   |         |   |       |   |
| 11        | <p><b>EXPERIENCE START DATE</b></p> <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the date of coverage first affecting the experience modification.</p> <p>This field applies only to experience modifications effective 01/01/12 and after.</p> <p>Format: YYMMDD</p>                       | N     | 98-103      | 6     |             |   |         |   |       |   |
| 12        | <p><b>EXPERIENCE END DATE</b></p> <p>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the date of coverage last affecting the experience modification.</p> <p>This field applies only to experience modifications effective 01/01/12 and after.</p> <p>Format: YYMMDD</p>                          | N     | 104-109     | 6     |             |   |         |   |       |   |
| 13        | <p><b>RELEASE DATE</b></p>                                                                                                                                                                                                                                                                                               | N     | 110-115     | 6     |             |   |         |   |       |   |

| Field No. | Field Title/Description                                                                                                                            | Class | Position | Bytes |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | Report the date the rate sheet was released to the receiving insurer.                                                                              |       |          |       |
|           | Format: YYMMDD                                                                                                                                     |       |          |       |
| 14        | <b>RERATE EFFECTIVE DATE</b>                                                                                                                       | N     | 116-121  | 6     |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | The date of the rating becoming effective when a split rating is issued to be effective on a date other than the California Rating Effective Date. |       |          |       |
|           | Format: YYMMDD                                                                                                                                     |       |          |       |
| 15        | <b>WITHDRAWN DATE</b>                                                                                                                              | N     | 122-127  | 6     |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | Report the date that the rating is withdrawn.                                                                                                      |       |          |       |
|           | Format YYMMDD.                                                                                                                                     |       |          |       |
| 16        | <b>SUPERSEDES RATING DATE</b>                                                                                                                      | N     | 128-133  | 6     |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | Report the date of the prior rating for which this rating is replacing.                                                                            |       |          |       |
|           | Format YYMMDD.                                                                                                                                     |       |          |       |
| 17        | <b>CALIFORNIA RATING EFFECTIVE DATE</b>                                                                                                            | N     | 134-141  | 8     |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | Report the date that the rating uses to calculate the experience period.                                                                           |       |          |       |
|           | Format YYMMDD.                                                                                                                                     |       |          |       |
| 18        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                     | AN    | 142-319  | 178   |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
| 19        | <b>WCRATING FORMAT CODE</b>                                                                                                                        | AN    | 320-320  | 1     |
|           | <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                    |       |          |       |
|           | Report the code that identifies the version format.                                                                                                |       |          |       |
|           | <b>Code Description</b>                                                                                                                            |       |          |       |
|           | 1 WCIO                                                                                                                                             |       |          |       |
|           | Blank NCCI                                                                                                                                         |       |          |       |

| Field No.                              | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                   | Class | Position | Bytes |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>PAYROLL/LOSS INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                           |       |          |       |
| 1                                      | <b>RECORD TYPE CODE</b><br>Report "02".<br><br>Record Type Code 02 contains Payroll/Loss information and issued in the detail portion of the worksheet.                                                                                                                                                                                                                                                   | AN    | 1-2      | 2     |
| 2                                      | <b>RISK ID NUMBER</b><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                      | <b>RATING EFFECTIVE DATE</b><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                      | <b>STATE CODE</b><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                      | <b>CARRIER CODE</b><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                      | <b>POLICY NUMBER IDENTIFIER</b><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                      | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: NCCI, NY</i><br><br>Report the date that the rating expires.<br><br>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI<br><br>Format CCYYMMDD.                                                                                 | N     | 45-52    | 8     |
| 8                                      | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: NC</i>                                                                                                                                                                                                                                                                                                                                                     | N     | 53-60    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                   | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date the rating was calculated.<br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                                                            |       |          |       |
| 9         | <b>REVISION CODE</b><br>Report the code that indicates whether there has been a revision.<br><br><div> <b>Code</b> <b>Description</b> </div> <div> 1 Not Revised </div> <div> 2 Revised </div>                                                                                                                                                                                                            | N     | 61-61    | 1     |
| 10        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                            | AN    | 62-64    | 3     |
| 11        | <b>STATE CODE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i><br>Report the code of the state covered by this record.<br>This is the state for which the payroll/loss information is being reported.                                                                                                                                                                        | N     | 65-66    | 2     |
| 12        | <b>FIRM CODE/MULTIPLE ENTITY CODE</b><br><i>NOT APPLICABLE: CA, MA, MN, NJ</i><br><br>Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.                                                                                                                                                                                         | AN    | 67-68    | 2     |
| 13        | <b>CARRIER CODE - EXPERIENCE</b><br><i>NOT APPLICABLE: MI, NY</i><br><br>Report the carrier code for which the payroll/loss reported applies.                                                                                                                                                                                                                                                             | N     | 69-73    | 5     |
| 14        | <b>POLICY NUMBER IDENTIFIER - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, MI, NY</i><br><br>Report the Policy Number Identifier for a for which the payroll/loss reported applies.<br>Do not report any blanks or marks of punctuation.                                                                                                                                                                      | AN    | 74-91    | 18    |
| 15        | <b>POLICY EFFECTIVE DATE - EXPERIENCE</b><br>Report the Policy Effective Date for a for which the payroll/loss reported applies.<br><br>This is the policy to which the payroll and losses reported applies.<br>Format CCYYMMDD. N/A: CA, DE, NY, PA<br><br>Format YYYY in positions 92-95. N/A: CA, MA, MI, MN, NC, NCCI, NJ, WI<br><br>For experience modifications effective prior to 01/01/12, format | N     | 92-99    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 16        | <p>For experience modifications effective prior to 01/01/12, format YYYY. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p><b>POLICY EXPIRATION DATE - EXPERIENCE</b></p> <p><i>NOT APPLICABLE: MI, NY</i></p> <p>Report the Policy Expiration Date for a for which the payroll/loss reported applies.</p> <p>This field will apply to experience modifications effective 01/01/12 and after. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Format CCYYMMDD.</p> | N     | 100-107  | 8     |
| 17        | <p><b>COVERAGE ID NUMBER</b></p> <p><i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i></p> <p>Report the identifier for a specific employer's coverage for which the exposure/loss information pertains.</p>                                                                                                                                                                                                                                                                       | AN    | 108-115  | 8     |
| 18        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | AN    | 116-117  | 2     |
| 19        | <p><b>NAME OF FIRM</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the name that corresponds to the Multiple Entity Code or State Name.</p> <p>The Firm Code/Multiple Entity Code is in positions 67-68 of this record.</p> <p>If the Firm/Multiple Entity Code is blank, then the state name will appear in this field.</p> <p>The state name corresponds with the State Code -Experience in positions 65-66 of this record.</p>                | AN    | 118-147  | 30    |
| 20        | <p><b>PAYROLL SEQUENCE NUMBER</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the number identifying the sequence in which the payroll record is to print on the experience rating worksheet.</p>                                                                                                                                                                                                                                    | N     | 148-152  | 5     |
| 21        | <p><b>CLASSIFICATION CODE</b></p> <p>Report the classification code that applies to the payroll/loss reported.</p> <p>Applies only to the payroll reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA</p>                                                                                                                                                                                                                                                                     | AN    | 153-156  | 4     |
| 22        | <p><b>CLASSIFICATION CODE SUFFIX</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NY, PA, WI</i></p> <p>Report the code that distinguishes the Expected Loss Rate and/or D-Ratio used.</p>                                                                                                                                                                                                                                                                                 | AN    | 157-157  | 1     |
| 23        | <b>CLASSIFICATION WORDING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | AN    | 158-187  | 30    |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Class | Position | Bytes |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | <p><i>NOT APPLICABLE: MA, MI, NC</i><br/><i>OPTIONAL: WI</i></p> <p>Report the wording that describes the classification being reported.</p> <p>For specified class codes only, not all class codes. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p>                                                                                                                                                                                                                                                                                                                                                  |       |          |       |
| 24        | <p><b>DATA CODE</b></p> <p><i>NOT APPLICABLE: NCCI</i></p> <p>Report the code that indicates which data elements are populated.</p> <p><b>Code Description</b></p> <p>1 Authorized class N/A: WI</p> <p>2 Payroll only</p> <p>3 Loss only</p> <p>4 Contains both payroll and loss</p> <p>5 Payroll total for class</p> <p>6 Loss total</p> <p>7 Exposure total for all classes</p> <p>8 Merit Adjustment N/A: NY, WI</p> <p>9 Eligibility Premium N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</p>                                                                                                   | AN    | 188-188  | 1     |
| 25        | <p><b>EXPECTED LOSS RATE (ELR)</b></p> <p><i>NOT APPLICABLE: NJ</i></p> <p>Report the factor used to determine the amount of total expected losses by classification per unit of exposure.</p> <p>There is an assumed decimal point between positions 193 and 194.</p> <p>For experience modification files issued and distributed as of 07/01/2025 and later, there is an assumed decimal point between positions 192 and 193. Applicability is subject to the individual DCO where ELR data is provided for experience ratings. Contact your DCO for applicability and specific effective date.</p> | N     | 189-195  | 7     |
| 26        | <p><b>D-RATIO (DISCOUNT RATIO) FACTOR</b></p> <p><i>NOT APPLICABLE: DE, PA</i></p> <p>Report the factor used to determine the total amount of expected losses by classification that are primary expected losses.</p>                                                                                                                                                                                                                                                                                                                                                                                 | N     | 196-201  | 6     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | <p>This factor is applied to the total expected losses for a class code as of the effective date of the experience modification. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>There is an assumed decimal point between positions 199 and 200. N/A: CA, NY</p> <p>There is an assumed decimal point between positions 198 and 199. N/A: DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</p>                                                               |       |          |       |
| 27        | <p><b>EXPOSURE AMOUNT</b></p> <p>Report the payroll of the classification for the experience period.</p>                                                                                                                                                                                                                                                                                                                                               | N     | 202-211  | 10    |
| 28        | <p><b>MANUAL/CHARGED RATE</b></p> <p><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, WI</i></p> <p>Report the rate charged by the carrier for the classification.</p> <p>There is an assumed decimal point between positions 215 and 216.</p> <p>This is the Authorized Rating Value. N/A: CA, MA, MI, MN, NC, NCCI, NY, WI</p> <p>This field is not applicable for ratings effective 10/01/2009 and after. N/A: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</p> | N     | 212-218  | 7     |
| 29        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | AN    | 219-222  | 4     |
| 30        | <p><b>EXPECTED LOSS TOTAL</b></p> <p>Report the total, normal or average yearly anticipated loss amounts based on the employer's size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate.</p>                                                                                                                                                                                              | N     | 223-231  | 9     |
| 31        | <p><b>EXPECTED PRIMARY LOSS AMOUNT</b></p> <p><i>NOT APPLICABLE: DE, PA</i></p> <p>Report the amount that represents the portion of total expected losses subject to a state maximum amount per claim.</p> <p>This amount can be obtained by multiplying the total expected losses by the D-Ratio Factor.</p>                                                                                                                                          | N     | 232-240  | 9     |
| 32        | <p><b>AUTHORIZED CLASSIFICATION CODE INFORMATION CODE</b></p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the code which indicates the status of an authorized classification code.</p> <p><b>Code Description</b></p> <p># If Any</p> <p>* Not Physically Surveyed By Bureau</p>                                                                                                                                     | AN    | 241-241  | 1     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Class | Position | Bytes |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | F Federal Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |          |       |
| 33        | <b>LOSS SEQUENCE NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i><br><br>Report the number that identifies the sequence in which the loss record is to print on the experience rating worksheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N     | 242-246  | 5     |
| 34        | <b>CLAIM NUMBER</b><br><br>Report the unique alphanumeric code that identifies a loss claim.<br><br>Only report limited loss claims. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI<br><br>Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions.<br><br>Do not report embedded blanks or marks of punctuation.                                                                                                                                                                                                                                                                                                                                                                                                                                   | AN    | 247-258  | 12    |
| 35        | <b>INJURY CODE (INJURY TYPE)</b><br><br>Report the code that identifies under which provision of the law benefits were paid or expected to be paid.<br><br>Limited loss applies only. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI<br><br><b>Code Description</b><br>01 Death<br>02 Permanent Total Disability<br>03 Major Permanent Partial Disability N/A: DE, NY, PA<br>04 Minor Permanent Partial Disability N/A: DE, NY, PA<br>05 Temporary Total or Temporary Partial Disability<br>06 Medical Claims Only<br>07 Contract Medical or Hospital Allowance<br>08 Compromised Death N/A: DE, NY, PA<br>09 Permanent Partial Disability N/A: NY<br>10 Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI<br>11 Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI | N     | 259-260  | 2     |
| 36        | <b>UNITED STATES LONGSHORE AND HARBOR WORKERS' DCO INDICATION CODE</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, WI</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AN    | 261-262  | 2     |

| Field No. | Field Title/Description                                                                                                                          | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the code that indicates whether the policy has U.S.L.& HW coverage.                                                                       |       |          |       |
|           | Indicate if other than State Act. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI                                                                      |       |          |       |
|           | <b>Code Description</b>                                                                                                                          |       |          |       |
|           | 02 Indicates USL & HW N/A: NCCI                                                                                                                  |       |          |       |
|           | U Indicates USL & HW N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI                                                                                 |       |          |       |
| 37        | <b>STATUS OF CLAIM CODE</b><br><i>NOT APPLICABLE: NY</i>                                                                                         | AN    | 263-263  | 1     |
|           | Report the code that identifies claims where final payment has been made.                                                                        |       |          |       |
|           | For policies effective 1/1/2011 and after, grouped claims reporting will no longer be accepted. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI    |       |          |       |
|           | <b>Code Description</b>                                                                                                                          |       |          |       |
|           | * Grouped N/A: MA, MN                                                                                                                            |       |          |       |
|           | C Closed N/A: MI, NC, NCCI<br>Applies to experience modifications effective 01/01/12 or after. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI     |       |          |       |
|           | F Finished N/A: MA, MN, NC, WI<br>Applies to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
|           | O Open                                                                                                                                           |       |          |       |
|           | R Reopen N/A: CA, MI, NCCI, WI                                                                                                                   |       |          |       |
| 38        | <b>LOSS DATA TYPE CODE</b><br><i>NOT APPLICABLE: NY</i>                                                                                          | AN    | 264-264  | 1     |
|           | Report the code used to determine the type of loss.                                                                                              |       |          |       |
|           | <b>Code Description</b>                                                                                                                          |       |          |       |
|           | # Limited N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI                                                                                            |       |          |       |
|           | 1 Detail Loss N/A: NCCI                                                                                                                          |       |          |       |
|           | 2 Losses Summarized by Policy Year N/A: NCCI                                                                                                     |       |          |       |
|           | 3 Detail Limited Loss N/A: CA, NCCI                                                                                                              |       |          |       |

| Field No. | Field Title/Description                                                                                                                                                                                                                     | Class | Position | Bytes |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 4         | Total Losses N/A: CA, NCCI                                                                                                                                                                                                                  |       |          |       |
| 5         | Total Limited Losses N/A: CA, NCCI                                                                                                                                                                                                          |       |          |       |
| 6         | Merit Lost - Time Claim N/A: CA, NC, NCCI                                                                                                                                                                                                   |       |          |       |
| C         | Catastrophic Limited Loss N/A: DE, MA, MI, MN, NC, PA, WI                                                                                                                                                                                   |       |          |       |
| D         | Disease Limited Loss N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI                                                                                                                                                                            |       |          |       |
| E         | Employers Liability Limited Loss N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI                                                                                                                                                                |       |          |       |
| 39        | <b>ACTUAL INCURRED LOSS TOTAL AMOUNT</b><br>Report the total incurred value of the loss (medical + indemnity).                                                                                                                              | N     | 265-273  | 9     |
| 40        | <b>ACTUAL PRIMARY LOSS AMOUNT</b><br>Report the maximum value for each loss for the experience rating period, limited to a state maximum amount per claim.<br><br>Identify the total losses used. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | N     | 274-282  | 9     |
| 41        | <b>ACTUAL INCURRED LOSS MESSAGE CODE</b><br><i>NOT APPLICABLE: CA, DE, NCCI, PA</i><br><br>Report the code that identifies a policy level message that applies to the Actual Incurred Loss Total Amount reported.                           | AN    | 283-283  | 1     |
|           | <b>Code Description</b>                                                                                                                                                                                                                     |       |          |       |
|           | * Denotes Loss Limit Applied                                                                                                                                                                                                                |       |          |       |
|           | A State Per Claim Accident Limitation                                                                                                                                                                                                       |       |          |       |
|           | C Multiple Claim Accident                                                                                                                                                                                                                   |       |          |       |
|           | D Loss in excess of State Multiple Claim Accident Limitation                                                                                                                                                                                |       |          |       |
|           | F Subrogation Received by the Carrier                                                                                                                                                                                                       |       |          |       |
|           | G Second Injury Fund Recovery Anticipated                                                                                                                                                                                                   |       |          |       |
|           | H Claim was Declared Non-compensable                                                                                                                                                                                                        |       |          |       |
|           | J USL&HW Act Per Claim Accident Limitation                                                                                                                                                                                                  |       |          |       |
|           | K Catastrophe Code 48 Excluded from Modification Calculation                                                                                                                                                                                |       |          |       |
| 42        | <b>ACTUAL PRIMARY LOSS MESSAGE CODE</b><br><i>NOT APPLICABLE: MI, NCCI</i>                                                                                                                                                                  | A     | 284-284  | 1     |

| Field No. | Field Title/Description                                                                                                                                      | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the code that identifies a policy level message that applies to the Actual Primary Loss Amount reported.                                              |       |          |       |
|           | <b>Code Description</b>                                                                                                                                      |       |          |       |
|           | E Primary Loss Limitation of Multiple Claim Accident                                                                                                         |       |          |       |
|           | J Joint Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                                                                                  |       |          |       |
|           | P Partial Fraudulent Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                                                                     |       |          |       |
|           | S Subrogated Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                                                                             |       |          |       |
| 43        | <b>INCURRED MEDICAL AMOUNT</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NY, WI</i>                                                                          | N     | 285-293  | 9     |
|           | Report the amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.                          |       |          |       |
| 44        | <b>INCURRED INDEMNITY AMOUNT</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NY, WI</i>                                                                        | N     | 294-302  | 9     |
|           | Report the amount representing incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work. |       |          |       |
| 45        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                               | AN    | 303-304  | 2     |
| 46        | <b>CATASTROPHE NUMBER</b><br><i>NOT APPLICABLE: MI, MN</i>                                                                                                   | N     | 305-306  | 2     |
|           | Report the number used for reporting all claims (two or more) resulting from the same accident.                                                              |       |          |       |
|           | This field indicates that the loss is part of a catastrophe.                                                                                                 |       |          |       |
| 47        | <b>CLAIM COUNT</b><br><i>NOT APPLICABLE: DE, MI, MN, NCCI, PA</i>                                                                                            | N     | 307-311  | 5     |
|           | Report the number of claims reported as a grouped loss.                                                                                                      |       |          |       |
| 48        | <b>ELIGIBILITY PREMIUM AMOUNT - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</i>                                                | N     | 312-319  | 8     |
|           | Report the amount that indicates the policy premium amount used to determine the risk's eligibility for experience rating.                                   |       |          |       |
| 49        | <b>WCRATING FORMAT CODE</b><br>Report the code that identifies the version format.                                                                           | AN    | 320-320  | 1     |
|           | <b>Code Description</b>                                                                                                                                      |       |          |       |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
| 1         | WCIO                    |       |          |       |
| Blank     | NCCI                    |       |          |       |

| Field No.                                       | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                            | Class | Position | Bytes |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>PRIMARY/STATE SUMMARY INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |          |       |
| 1                                               | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report "03".<br><br>Record Type Code 03 contains the Primary/State Summary information for each unique firm.                                                                                                                                                                                                                                                                   | AN    | 1-2      | 2     |
| 2                                               | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                               | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                               | <b>STATE CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                               | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                               | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                               | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NCCI, NJ, NY, PA</i>                                                                                                                                                                                                                                                                                                                                                                           | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                   | Class | Position | Bytes |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date that the rating expires.                                                                                                                                  |       |          |       |
|           | Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                          |       |          |       |
| 8         | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA</i>                                                                                         | N     | 53-60    | 8     |
|           | Report the date the rating was calculated.                                                                                                                                |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                          |       |          |       |
| 9         | <b>REVISION CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>                                                                                                 | N     | 61-61    | 1     |
|           | Report the code that indicates whether there has been a revision.                                                                                                         |       |          |       |
|           | <b>Code Description</b>                                                                                                                                                   |       |          |       |
|           | 1 Not Revised                                                                                                                                                             |       |          |       |
|           | 2 Revised                                                                                                                                                                 |       |          |       |
| 10        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>                                                                                       | AN    | 62-64    | 3     |
| 11        | <b>STATE CODE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i>                                                                                   | N     | 65-66    | 2     |
|           | Report the code of the state covered by this record.                                                                                                                      |       |          |       |
| 12        | <b>FIRM CODE/MULTIPLE ENTITY CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>                                                                                | AN    | 67-68    | 2     |
|           | Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.                                               |       |          |       |
| 13        | <b>CARRIER CODE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i>                                                                             | N     | 69-73    | 5     |
|           | Report the code assigned to the reporting company by NCCI or other DCO.                                                                                                   |       |          |       |
| 14        | <b>POLICY NUMBER IDENTIFIER - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i>                                                                 | AN    | 74-91    | 18    |
|           | Report the unique identifier used for identifying the policy.                                                                                                             |       |          |       |
|           | Do not report embedded blanks or marks of punctuation.                                                                                                                    |       |          |       |

| Field No. | Field Title/Description                                                                                                                                                                                                                       | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 15        | <b>POLICY EFFECTIVE DATE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the date that the policy became effective.<br><br>Format CCYYMMDD.                                                               | N     | 92-99    | 8     |
| 16        | <b>POLICY EXPIRATION DATE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i><br><br>Report the date that the policy expires.<br><br>Format CCYYMMDD.                                                                   | N     | 100-107  | 8     |
| 17        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>                                                                                                                                                           | AN    | 108-115  | 8     |
| 18        | <b>POLICY - TOTAL EXPOSURE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the amount that represents the total of all exposure information included on a rating.                                                      | N     | 116-126  | 11    |
| 19        | <b>SUBJECT PREMIUM AMOUNT</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i><br><br>Report the amount the represents the sum of premium amounts subject to experience modification.                                             | N     | 127-136  | 10    |
| 20        | <b>POLICY TOTAL: ACTUAL INCURRED LOSSES</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the amount that represents incurred losses as of the loss valuation date, including all paid and outstanding reserve benefits. | N     | 137-146  | 10    |
| 21        | <b>POLICY TOTAL: PRIMARY ACTUAL LOSSES</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the amount that represents losses reduced to the primary value.                                                                 | N     | 147-156  | 10    |
| 22        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>                                                                                                                                                           | AN    | 157-319  | 163   |
| 23        | <b>WCRATING FORMAT CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br><br>Report the code that identifies the version format.                                                                                                   | AN    | 320-320  | 1     |
|           | <b>Code Description</b>                                                                                                                                                                                                                       |       |          |       |
|           | 1 WCIO                                                                                                                                                                                                                                        |       |          |       |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|           | Blank    NCCI           |       |          |       |

| Field No.                           | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                              | Class | Position | Bytes |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>POLICY LEVEL MESSAGES RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |          |       |
| 1                                   | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report "A3".<br><br>Record Type Code A3 contains policy level messages.                                                                                                                                                                                                                                                                                                        | AN    | 1-2      | 2     |
| 2                                   | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                   | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                   | <b>STATE CODE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                   | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                   | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                   | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>                                                                                                                                                                                                                                                                                                                                                                                 | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                  | Class | Position | Bytes |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date that the rating expires.<br>Format CCYYMMDD.                                                                                                                                                                                             |       |          |       |
| 8         | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: CA, DE, MI, NC, NCCI, NJ, NY, PA</i><br>Report the date the rating was calculated.<br>Format CCYYMMDD.                                                                                                    | N     | 53-60    | 8     |
| 9         | <b>REVISION CODE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br>Report the code that indicates whether there has been a revision.<br><br><div> <b>Code</b> <b>Description</b> </div> <div> 1 Not Revised </div> <div> 2 Revised </div>    | N     | 61-61    | 1     |
| 10        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>                                                                                                                                                                    | AN    | 62-72    | 11    |
| 11        | <b>MESSAGE SEQUENCE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br>Report the numeric sequence that identifies each line of the message displayed on the worksheet.                                                                       | N     | 73-75    | 3     |
| 12        | <b>LINE NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br>Report the number that identifies the message's line numbers for each Message Sequence.                                                                                     | N     | 76-78    | 3     |
| 13        | <b>MESSAGE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br>Report the information documenting the edit failure.                                                                                                                            | AN    | 79-178   | 100   |
| 14        | <b>CARRIER CODE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i><br>Report the code assigned to the reporting company by NCCI or other DCO.<br>This is the carrier code of the policy to which the policy level message pertains. | N     | 179-183  | 5     |
| 15        | <b>POLICY NUMBER IDENTIFIER - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>                                                                                                                                                      | AN    | 184-201  | 18    |

| Field No. | Field Title/Description                                                                          | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the carrier code for a for which the payroll/loss reported applies.                       |       |          |       |
|           | This is the policy to which the policy level message pertains.                                   |       |          |       |
|           | Do not report embedded blanks or marks of punctuation.                                           |       |          |       |
| 16        | <b>POLICY EFFECTIVE DATE - EXPERIENCE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> | N     | 202-209  | 8     |
|           | Report the Policy Effective Date for a for which the payroll/loss reported applies.              |       |          |       |
|           | This is the policy to which the policy level message pertains.                                   |       |          |       |
|           | Format CCYYMMDD.                                                                                 |       |          |       |
| 17        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>            | AN    | 210-319  | 110   |
| 18        | <b>WCRATING FORMAT CODE</b><br><i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>               | AN    | 320-320  | 1     |
|           | Report the code that identifies the version format.                                              |       |          |       |
|           | <b>Code Description</b>                                                                          |       |          |       |
|           | 1 WCIO                                                                                           |       |          |       |
|           | Blank NCCI                                                                                       |       |          |       |

| Field No.                                    | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                   | Class | Position | Bytes |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>STATE/FIRM SUMMARY INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                           |       |          |       |
| 1                                            | <b>RECORD TYPE CODE</b><br>Report "04".<br><br>Record Type Code 04 contains State/Firm Summary information to produce the summary page.                                                                                                                                                                                                                                                                   | AN    | 1-2      | 2     |
| 2                                            | <b>RISK ID NUMBER</b><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                            | <b>RATING EFFECTIVE DATE</b><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                            | <b>STATE CODE</b><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                            | <b>CARRIER CODE</b><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                                            | <b>POLICY NUMBER IDENTIFIER</b><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                            | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: NCCI, NY</i><br><br>Report the date that the rating expires.<br><br>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI<br><br>Format CCYYMMDD.                                                                                 | N     | 45-52    | 8     |
| 8                                            | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: NC</i>                                                                                                                                                                                                                                                                                                                                                     | N     | 53-60    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                   | Class | Position | Bytes |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date the rating was calculated.                                                                                                                                                                                |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                                                                          |       |          |       |
| 9         | <b>REVISION CODE</b><br>Report the code that indicates whether there has been a revision.                                                                                                                                 | N     | 61-61    | 1     |
|           | <b>Code Description</b>                                                                                                                                                                                                   |       |          |       |
|           | 1 Not Revised                                                                                                                                                                                                             |       |          |       |
|           | 2 Revised                                                                                                                                                                                                                 |       |          |       |
| 10        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                            | AN    | 62-64    | 3     |
| 11        | <b>STATE CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NY, PA, WI</i><br>Report the code of the state covered by this record.                                                                                            | N     | 65-66    | 2     |
| 12        | <b>FIRM CODE/MULTIPLE ENTITY CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i><br>Report the code that identifies the entities with separate policies that have been combined for experience rating purposes. | AN    | 67-68    | 2     |
| 13        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                            | AN    | 69-72    | 4     |
| 14        | <b>STATE ABBREVIATION</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i><br>Report the alphabetic state abbreviation of the physical branch address.<br>This applies to interstate only.                | A     | 73-74    | 2     |
| 15        | <b>PRELIMINARY STATE RATING CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i><br>Report the code that identifies if rating values are preliminary or final.                                       | AN    | 75-75    | 1     |
|           | <b>Code Description</b>                                                                                                                                                                                                   |       |          |       |
|           | * Preliminary                                                                                                                                                                                                             |       |          |       |
|           | BLAN Final                                                                                                                                                                                                                |       |          |       |
|           | K                                                                                                                                                                                                                         |       |          |       |
| 16        | <b>WEIGHT FACTOR</b><br>Report the ratio that determines the proportion of actual excess losses to enter the experience modification calculation.<br>This is sometimes referred to as the credibility value.              | N     | 76-81    | 6     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                  | Class | Position | Bytes |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | <p>Credibility is defined as the extent to which an insured's actual (limited) losses will be reflected in the experience modification.<br/>N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</p> <p>This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>There is an assumed decimal point between positions 78 and 79.</p> |       |          |       |
| 17        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                           | AN    | 82-85    | 4     |
| 18        | <p><b>EXPECTED EXCESS LOSSES</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the portion of total expected losses in excess of the primary loss amount. Obtained by subtracting expected primary losses from expected loss total.</p>                                                                                                                             | N     | 86-94    | 9     |
| 19        | <p><b>EXPECTED LOSS TOTAL</b></p> <p>Report the total expected losses for the state used in the experience modification formula and obtained by multiplying the exposure basis for each class by the class expected loss rate.</p>                                                                                                                                                                       | N     | 95-103   | 9     |
| 20        | <p><b>EXPECTED PRIMARY LOSS AMOUNT</b></p> <p><i>NOT APPLICABLE: DE, PA</i></p> <p>Report the amount that represents the portion of total expected losses subject to a state maximum amount per claim.</p> <p>This amount is obtained by multiplying the total expected losses by the D-Ratio.</p>                                                                                                       | N     | 104-112  | 9     |
| 21        | <p><b>ACTUAL EXCESS LOSS AMOUNT</b></p> <p><i>NOT APPLICABLE: DE, MN, PA</i></p> <p>Report the portion of each claim above the state maximum amount.</p> <p>This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>The amount is obtained by subtracting the actual primary losses from the total actual losses.</p>   | N     | 113-121  | 9     |
| 22        | <p><b>ACTUAL INCURRED LOSS TOTAL</b></p> <p>Report the total losses used in the experience modification formula.</p>                                                                                                                                                                                                                                                                                     | N     | 122-130  | 9     |
| 23        | <p><b>BALLAST AMOUNT</b></p> <p>Report the amount designed to act as a stabilizing element to limit the effect of any single loss on the experience modification.</p> <p>This is known as the Ballast Factor. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p>                                                                                                                                          | N     | 131-139  | 9     |

| Field No. | Field Title/Description                                                                                                                                                                                                 | Class | Position | Bytes |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                                                                       |       |          |       |
| 24        | <b>ACTUAL PRIMARY LOSS AMOUNT</b><br><i>NOT APPLICABLE: DE, PA</i>                                                                                                                                                      | N     | 140-148  | 9     |
|           | Report the maximum value for each loss for the experience rating period, limited to a state maximum amount per claim.                                                                                                   |       |          |       |
| 25        | <b>ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</b><br><i>NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI</i>                                                                                                              | N     | 149-151  | 3     |
|           | Report the Assigned Risk Adjustment Program Factor.                                                                                                                                                                     |       |          |       |
|           | For MA intrastate ratings, this field will be populated with the Massachusetts All Risk Adjustment Program Factor, which is also found in positions 291-293 of Record 01. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
|           | The Assigned Risk Adjustment Program imposes additional charges on employers in the residual market where applicable.                                                                                                   |       |          |       |
|           | There is an assumed decimal point between positions 149 and 150.                                                                                                                                                        |       |          |       |
| 26        | <b>AVERAGE BALLAST AMOUNT</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA, WI</i>                                                                                                                                  | N     | 152-160  | 9     |
|           | Report the amount for the state based on total expected losses for the rating .                                                                                                                                         |       |          |       |
| 27        | <b>LIMIT CHARGE FACTOR</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NCCI, NY, WI</i>                                                                                                                                       | N     | 161-163  | 3     |
|           | Report the factor that indicates an additional charge applied to experience-rated risks in exchange for the procedure of using only limited actual losses in experience rating.                                         |       |          |       |
|           | The amount of limit charged is dependent on applicable maximum loss limit; a function of expected loss size of risk.                                                                                                    |       |          |       |
|           | There is an assumed decimal point preceding position 161.                                                                                                                                                               |       |          |       |
| 28        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                          | AN    | 164-164  | 1     |
| 29        | <b>CAP LIMIT</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NY, WI</i>                                                                                                                                             | N     | 165-168  | 4     |
|           | Report the limit on the size of debit modifications.                                                                                                                                                                    |       |          |       |
|           | There is an assumed decimal point between positions 166 and 167.                                                                                                                                                        |       |          |       |
| 30        | <b>LOSS LIMITED REDUCTION TOTAL</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA</i>                                                                                                                              | N     | 169-178  | 10    |

| Field No. | Field Title/Description                                                                                                            | Class | Position | Bytes |
|-----------|------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the amount by which any limited claim is reported on the rating worksheet.                                                  |       |          |       |
| 31        | <b>CREDIBILITY PRIMARY FACTOR</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                               | N     | 179-182  | 4     |
|           | Report the factor that identifies the weight given to the risk's actual primary losses in the experience modification calculation. |       |          |       |
|           | There is an assumed decimal point between positions 179 and 180.                                                                   |       |          |       |
| 32        | <b>CREDIBILITY EXCESS FACTOR</b><br><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>                                | N     | 183-186  | 4     |
|           | Report the factor that identifies the weight given to the risk's actual excess losses in the experience modification calculation.  |       |          |       |
|           | There is an assumed decimal point between positions 183 and 184.                                                                   |       |          |       |
| 33        | <b>EXPECTED EXCESS LOSS TOTALS</b><br><i>NOT APPLICABLE: DE, MA, MN, NC, NCCI, NY, PA, WI</i>                                      | N     | 187-195  | 9     |
|           | Report the Expected Loss Total minus the Expected Primary Loss Amount.                                                             |       |          |       |
| 34        | <b>SPLIT POINT AMOUNT</b><br><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NJ, WI</i>                                                     | N     | 196-204  | 9     |
|           | Report the dollar amount at which each claim is divided into primary and excess.                                                   |       |          |       |
| 35        | <b>RESERVED FOR FUTURE USE</b>                                                                                                     | AN    | 205-319  | 115   |
| 36        | <b>WCRATING FORMAT CODE</b><br>Report the code that identifies the version format.                                                 | AN    | 320-320  | 1     |
|           | <b>Code Description</b>                                                                                                            |       |          |       |
|           | 1 WCIO                                                                                                                             |       |          |       |
|           | Blank NCCI                                                                                                                         |       |          |       |

| Field No.              | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                   | Class | Position | Bytes |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>MESSAGES RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                           |       |          |       |
| 1                      | <b>RECORD TYPE CODE</b><br>Report "05".<br><br>Record Type Code 05 contains messages printed on the summary page.                                                                                                                                                                                                                                                                                         | AN    | 1-2      | 2     |
| 2                      | <b>RISK ID NUMBER</b><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                      | <b>RATING EFFECTIVE DATE</b><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                      | <b>STATE CODE</b><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                      | <b>CARRIER CODE</b><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                      | <b>POLICY NUMBER IDENTIFIER</b><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                      | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: NCCI, NY</i><br><br>Report the date that the rating expires.<br><br>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI<br><br>Format CCYYMMDD.                                                                                 | N     | 45-52    | 8     |
| 8                      | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: NC</i>                                                                                                                                                                                                                                                                                                                                                     | N     | 53-60    | 8     |

| Field No. | Field Title/Description                                                                                                                                                  | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date the rating was calculated.                                                                                                                               |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                         |       |          |       |
| 9         | <b>REVISION CODE</b><br>Report the code that indicates whether there has been a revision.                                                                                | N     | 61-61    | 1     |
|           | <b>Code Description</b>                                                                                                                                                  |       |          |       |
|           | 1 Not Revised                                                                                                                                                            |       |          |       |
|           | 2 Revised                                                                                                                                                                |       |          |       |
| 10        | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                           | AN    | 62-69    | 8     |
| 11        | <b>MESSAGE CODE</b><br>Report the code that identifies a policy level message that applies to the actual incurred loss total or primary loss total reported on a record. | N     | 70-72    | 3     |
|           | <b>Code Description</b>                                                                                                                                                  |       |          |       |
|           | 001 Revised Rating                                                                                                                                                       |       |          |       |
|           | 002 Revised Rating - Additional Rate Card                                                                                                                                |       |          |       |
|           | 003 Revised Rating - Change of Anniversary                                                                                                                               |       |          |       |
|           | 004 Revised Classification                                                                                                                                               |       |          |       |
|           | 005 Revised - Additional Experience                                                                                                                                      |       |          |       |
|           | 006 Revised - Elimination of Experience                                                                                                                                  |       |          |       |
|           | 007 Revised Payrolls and Losses                                                                                                                                          |       |          |       |
|           | 008 Revised Payrolls                                                                                                                                                     |       |          |       |
|           | 009 Revised Losses                                                                                                                                                       |       |          |       |
|           | 010 Combination Effective (mm/dd/yy)                                                                                                                                     |       |          |       |
|           | 011 Revised Expected Losses/D-Ratio                                                                                                                                      |       |          |       |
|           | 012 Revised - Interstate Bureau Correction                                                                                                                               |       |          |       |
|           | 013 New Case Rating                                                                                                                                                      |       |          |       |
|           | 014 Correction                                                                                                                                                           |       |          |       |
|           | 015 Reserved for Future Use                                                                                                                                              |       |          |       |
|           | 016 Reserved for Future Use                                                                                                                                              |       |          |       |
|           | 017 Reserved for Future Use                                                                                                                                              |       |          |       |
|           | 018 Revised Rating Values                                                                                                                                                |       |          |       |

| <b>Field No.</b> | <b>Field Title/Description</b>                                                                                              | <b>Class</b> | <b>Position</b> | <b>Bytes</b> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------|
| 019              | Revised Manual Rates                                                                                                        |              |                 |              |
| 020              | Contingent Rating                                                                                                           |              |                 |              |
| 021              | Expected Losses Adjusted for PAP                                                                                            |              |                 |              |
| 022              | Reserved for Future Use                                                                                                     |              |                 |              |
| 023              | Reprinted                                                                                                                   |              |                 |              |
| 024              | Indemnity Claims = xx                                                                                                       |              |                 |              |
| 025              | Loss Limit Applied                                                                                                          |              |                 |              |
| 026              | Special Rating Rule                                                                                                         |              |                 |              |
| 027              | Small Risk Debit Limit                                                                                                      |              |                 |              |
| 028              | Plan C                                                                                                                      |              |                 |              |
| 029              | Modified Surcharge = xx                                                                                                     |              |                 |              |
| 030              | Surcharge = xx                                                                                                              |              |                 |              |
| 031              | Rating Reflects a Decrease of 70% Medical Only<br>(Injury Code 6) Primary/Excess Loss Dollars                               |              |                 |              |
| 032              | AR Rates                                                                                                                    |              |                 |              |
| 033              | Does Not Qualify for Experience Rating                                                                                      |              |                 |              |
| 034              | Rating Withdrawn Due to Ineligibility of Risk                                                                               |              |                 |              |
| 035              | Replaces Tentative Experience Modification -<br>Bureau Endorsement Not Required                                             |              |                 |              |
| 036              | Experience Rating is Based Upon All Available Data                                                                          |              |                 |              |
| 037              | Secondary Location - Authorized Classes for This<br>Location Only                                                           |              |                 |              |
| 038              | Use Surcharge 0277 only for Residual Market<br>Employer                                                                     |              |                 |              |
| 039              | Rating Withdrawn Due to Application of Interstate<br>Experience Modification                                                |              |                 |              |
| 040              | Rating Withdrawn Due to Incorrect Rating Effective<br>Date                                                                  |              |                 |              |
| 041              | Contingent Experience Modification Calculated<br>Using Available Information and is Provided for<br>Informational Purposes. |              |                 |              |
| 042              | Pending Rate Change Effective (mm/dd/yy)                                                                                    |              |                 |              |
| 043              | Rating Revised Due to Loss Corrections                                                                                      |              |                 |              |
| 044              | C - Multiple Claim Accident                                                                                                 |              |                 |              |

| Field No. | Field Title/Description                                                                                                     | Class | Position | Bytes |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 045       | P - Loss in Excess of State Multiple Claim Accident                                                                         |       |          |       |
| 046       | E - Primary Loss Limitation Of Multiple Claim Accident                                                                      |       |          |       |
| 047       | A - Loss Has Been Limited To xx,xxx                                                                                         |       |          |       |
| 048       | Experience Modification Has Been Limited                                                                                    |       |          |       |
| 049       | Preliminary Experience Modification Pending A-Rate Change Effective (mm/dd/yy)                                              |       |          |       |
| 050       | Rating Has Been Withdrawn Due To A Material Change In Ownership                                                             |       |          |       |
| 051       | See Attached Before Applying Experience Modification                                                                        |       |          |       |
| 052       | This Experience Modification Has Been Promulgated Using Rating Values Established By the Carrier of Record                  |       |          |       |
| 053       | Not Rated Due to No Current Coverage for this Employer N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI                        |       |          |       |
| 054       | Loss-Free Rating N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI                                                              |       |          |       |
| 055       | Experience Modification Effective Date per ERP – Section V, Rules (1) and (2) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |       |          |       |
| 056       | Experience Modification Effective Date per ERP – Section V, Rule (6) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI          |       |          |       |
| 057       | Excludes Data from Insolvent Insurer per ERP – Section III, Rule (3f) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI         |       |          |       |
| 058       | Reissue to Correct Name                                                                                                     |       |          |       |
| 059       | Reissue to Correct to Renewal                                                                                               |       |          |       |
| 060       | Reissue to Correct to Unexpired Term                                                                                        |       |          |       |
| 061       | Reissue to Correct to Unexpired Term Date                                                                                   |       |          |       |
| 062       | Rerate Due to ERP Sec VI, Closed Claim Values                                                                               |       |          |       |
| 063       | Rerate Due to “S” Case Year(s)                                                                                              |       |          |       |
| 064       | Rerate Due to Clerical Error                                                                                                |       |          |       |
| 065       | Rerate Due to Combine                                                                                                       |       |          |       |
| 066       | Rerate Due to De-combine                                                                                                    |       |          |       |
| 067       | Rerate Due to Joint Claim                                                                                                   |       |          |       |

| Field No. | Field Title/Description                                                                                                                                                    | Class | Position | Bytes |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| 068       | Rerate Due to Non-Comp                                                                                                                                                     |       |          |       |
| 069       | Rerate Due to Partially Fraudulent                                                                                                                                         |       |          |       |
| 070       | Rerate Due to Revised Losses for New Claim(s)                                                                                                                              |       |          |       |
| 071       | Rerate due to Subrogated Claim                                                                                                                                             |       |          |       |
| 072       | Run Date & Reviewer's Initials                                                                                                                                             |       |          |       |
| 073       | Reissue to Correct Intrastate Risk ID Number                                                                                                                               |       |          |       |
| 074       | Translation for Catastrophe Code                                                                                                                                           |       |          |       |
| 075       | Translation for Actual Primary Losses Notations                                                                                                                            |       |          |       |
| 076       | Translation for Bureau Assigned Class Notation Codes                                                                                                                       |       |          |       |
| 077       | Excludes Unaudited Payroll Data per California Workers' Compensation Experience Rating Plan, Section III, Rule 3(g) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI          |       |          |       |
| 078       | This Experience Modification Includes Self-Insured Data                                                                                                                    |       |          |       |
| 079       | (L) Limited to 25 percentage points above Loss-Free Rating per California Experience Rating Plan, Section VII, Rule 8; Calculated Unlimited Experience Modification = XXX% |       |          |       |
| 080       | Merit Rating N/A: NY                                                                                                                                                       |       |          |       |
| 081       | Primary Threshold: X,XXX,XXX                                                                                                                                               |       |          |       |
| 082       | (L) Limited to 25 pct. points above Loss-Free Rating per Experience Rating Plan, Sec. VI.6; Calculated Unlimited Experience Modification = XXX%.                           |       |          |       |
| 083       | Rating reflects the application of Experience Rating Plan, Section IV, Changes in Status and Combination of Entities.                                                      |       |          |       |
| 084       | Any data reported under Classification Code [XXXX] has been reassigned to Classification Code [YYYY] for experience rating purposes.                                       |       |          |       |
| 999       | Free-Form Text Message                                                                                                                                                     |       |          |       |
| 12        | <b>MESSAGE SEQUENCE</b><br>Report the numeric sequence that identifies each line of the message displayed on the worksheet.                                                | N     | 73-75    | 3     |
| 13        | <b>LINE NUMBER</b><br>Report the number that identifies the message's line numbers for each Message Sequence.                                                              | N     | 76-78    | 3     |
| 14        | <b>MESSAGE</b>                                                                                                                                                             | AN    | 79-178   | 100   |

| Field No. | Field Title/Description                              | Class | Position | Bytes |
|-----------|------------------------------------------------------|-------|----------|-------|
|           | Report the information documenting the edit failure. |       |          |       |
| 15        | RESERVED FOR FUTURE USE                              | AN    | 179-319  | 141   |
| 16        | WCRATING FORMAT CODE                                 | AN    | 320-320  | 1     |
|           | Report the code that identifies the version format.  |       |          |       |
|           | <b>Code    Description</b>                           |       |          |       |
|           | 1        WCIO                                        |       |          |       |
|           | Blank   NCCI                                         |       |          |       |

| Field No.                             | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Class | Position | Bytes |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>BRANCH CODE INFORMATION RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |          |       |
| 1                                     | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report "06".<br><br>Record Type Code 06 contains the branch information for the distribution instructions.                                                                                                                                                                                                                                                                     | AN    | 1-2      | 2     |
| 2                                     | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                                     | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                                     | <b>STATE CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                                     | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44 of this record.                                                                                                                                                                                                                                | N     | 22-26    | 5     |
| 6                                     | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                                     | <b>RATING EXPIRATION DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i>                                                                                                                                                                                                                                                                                                                                                                           | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                 | Class | Position | Bytes |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Report the date that the rating expires.                                                                                                                                                                                |       |          |       |
|           | Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: MI, NJ                                                                                 |       |          |       |
|           | Format CCYYMMDD.                                                                                                                                                                                                        |       |          |       |
| 8         | <b>RATING ISSUE DATE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the date the rating was calculated.<br><br>Format CCYYMMDD.                                                         | N     | 53-60    | 8     |
| 9         | <b>REVISION CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the code that indicates whether there has been a revision.<br><br><b>Code Description</b><br>1 Not Revised<br>2 Revised | N     | 61-61    | 1     |
| 10        | <b>BRANCH CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the branch code associated with the rating distribution.                                                                  | AN    | 62-64    | 3     |
| 11        | <b>STATE ABBREVIATION</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the alphabetic state abbreviation of the physical branch address.                                                  | A     | 65-66    | 2     |
| 12        | <b>CITY OF THE PHYSICAL BRANCH ADDRESS</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the city name of the carrier receiving the rating worksheet.                                      | AN    | 67-98    | 32    |
| 13        | <b>CARRIER ZIP CODE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i><br><br>Report the postal or zip code of the carrier.                                                                               | AN    | 99-107   | 9     |
| 14        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>                                                                                                                             | AN    | 108-319  | 212   |
| 15        | <b>WCRATING FORMAT CODE</b>                                                                                                                                                                                             | AN    | 320-320  | 1     |

| Field No. | Field Title/Description                                   | Class              | Position | Bytes |
|-----------|-----------------------------------------------------------|--------------------|----------|-------|
|           | <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i> |                    |          |       |
|           | Report the code that identifies the version format.       |                    |          |       |
|           | <b>Code</b>                                               | <b>Description</b> |          |       |
|           | 1                                                         | WCIO               |          |       |
|           | Blank                                                     | NCCI               |          |       |

| Field No.                       | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                | Class | Position | Bytes |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>CONTINGENT RATING RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |       |
| 1                               | <b>RECORD TYPE CODE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report "07".<br><br>Record Type Code 07 is used if contingent rating is applicable.<br><br>Multiples of this record can occur.                                                                                                                                                                                                                                                 | AN    | 1-2      | 2     |
| 2                               | <b>RISK ID NUMBER</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br><br>For intrastate risks, report the jurisdiction assigned number.<br><br>For non-rated risks, this field is optional. | AN    | 3-11     | 9     |
| 3                               | <b>RATING EFFECTIVE DATE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the date that the rating is effective.<br><br>Format CCYYMMDD.                                                                                                                                                                                                                                                                                                     | N     | 12-19    | 8     |
| 4                               | <b>STATE CODE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the code identifying the state in which the experience modification was promulgated.                                                                                                                                                                                                                                                                                          | N     | 20-21    | 2     |
| 5                               | <b>CARRIER CODE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the code assigned to the reporting company by NCCI or other DCO.<br><br>Pertains to the policies outlined in positions 27-44.                                                                                                                                                                                                                                               | N     | 22-26    | 5     |
| 6                               | <b>POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the unique identifier used for identifying the policy.<br><br>This is the policy covering the insured for which the rating was promulgated.                                                                                                                                                                                                                     | AN    | 27-44    | 18    |
| 7                               | <b>RATING EXPIRATION DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | N     | 45-52    | 8     |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                                     | Class | Position    | Bytes |             |   |         |   |       |   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------|-------------|---|---------|---|-------|---|
|           | <p><i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i></p> <p>Report the date that the rating expires.</p> <p>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Format CCYYMMDD.</p> |       |             |       |             |   |         |   |       |   |
| 8         | <p><b>RATING ISSUE DATE</b></p> <p><i>NOT APPLICABLE: CA, MI, NC, NJ, NY</i></p> <p>Report the date the rating was calculated.</p> <p>Format CCYYMMDD.</p>                                                                                                                                                  | N     | 53-60       | 8     |             |   |         |   |       |   |
| 9         | <p><b>REVISION CODE</b></p> <p><i>NOT APPLICABLE: CA, MI, NJ, NY</i></p> <p>Report the code that indicates whether there has been a revision.</p> <table><tr><th>Code</th><th>Description</th></tr><tr><td>1</td><td>Not Revised</td></tr><tr><td>2</td><td>Revised</td></tr></table>                       | Code  | Description | 1     | Not Revised | 2 | Revised | N | 61-61 | 1 |
| Code      | Description                                                                                                                                                                                                                                                                                                 |       |             |       |             |   |         |   |       |   |
| 1         | Not Revised                                                                                                                                                                                                                                                                                                 |       |             |       |             |   |         |   |       |   |
| 2         | Revised                                                                                                                                                                                                                                                                                                     |       |             |       |             |   |         |   |       |   |
| 10        | <p><b>RESERVED FOR FUTURE USE</b></p> <p><i>NOT APPLICABLE: CA, MI, NJ, NY</i></p>                                                                                                                                                                                                                          | AN    | 62-69       | 8     |             |   |         |   |       |   |
| 11        | <p><b>STATE CODE</b></p> <p><i>NOT APPLICABLE: CA, MI, NJ, NY</i></p> <p>Report the code(s) of the state(s) covered by this record.</p>                                                                                                                                                                     | N     | 70-169      | 100   |             |   |         |   |       |   |
| 12        | <p><b>FIRM CODE/MULTIPLE ENTITY CODE</b></p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NJ, NY, PA</i></p> <p>Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.</p>                                                                    | AN    | 170-171     | 2     |             |   |         |   |       |   |
| 13        | <p><b>DETAIL REPORT LEVEL CODE / REPORT NUMBER</b></p> <p><i>NOT APPLICABLE: CA, MI, NJ, NY</i></p> <p>Report the code that identifies the level of the report that is missing in a contingent rating.</p>                                                                                                  | AN    | 172-173     | 2     |             |   |         |   |       |   |
| 14        | <p><b>DETAIL CONTINGENT EFFECTIVE DATE</b></p> <p><i>NOT APPLICABLE: CA, MI, NJ, NY</i></p> <p>Report the effective date of the report that is missing in a contingent rating.</p>                                                                                                                          | N     | 174-177     | 4     |             |   |         |   |       |   |

| Field No. | Field Title/Description                                                                                                                                                                                                                                                                    | Class | Position | Bytes |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|           | Format MMY.                                                                                                                                                                                                                                                                                |       |          |       |
| 15        | <b>NAME OF DETAIL CARRIER</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the name of the carrier insuring the risk.                                                                                                                                                            | AN    | 178-217  | 40    |
| 16        | <b>DETAIL POLICY NUMBER IDENTIFIER</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the identifier that uniquely identifies the policy assigned by the carrier insuring the risk.                                                                                                | AN    | 218-235  | 18    |
| 17        | <b>FORM TYPE CODE</b><br><i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY</i><br><br>Report the code that describes the type of rating being issued.<br><br><b>Code    Description</b><br>Inter    Use for Interstate Rating<br>Intra    Use for Intrastate Rating<br>Texas    Use for Texas Only | AN    | 236-240  | 5     |
| 18        | <b>RESERVED FOR FUTURE USE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i>                                                                                                                                                                                                                    | AN    | 241-319  | 79    |
| 19        | <b>WCRATING FORMAT CODE</b><br><i>NOT APPLICABLE: CA, MI, NJ, NY</i><br><br>Report the code that identifies the version format.<br><br><b>Code    Description</b><br>1        WCIO<br>Blank    NCCI                                                                                        | AN    | 320-320  | 1     |

| Field No.                  | Field Title/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Class | Position | Bytes |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
| <b>FILE CONTROL RECORD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |          |       |
| 1                          | <b>RECORD TYPE CODE</b><br>Report "99".<br><br>Record Type Code 99 indicates the end of the distribution records for the Carrier Pup (Carrier Group's Subsidiary Companies) listed in Record Type Code 00 or at the end of the file (see Trailer Type Code in position 3 of this record).                                                                                                                                                                                                                                                                                                      | AN    | 1-2      | 2     |
| 2                          | <b>TRAILER TYPE CODE</b><br>Report the code that defines the end of a carrier's record or the end of a file.<br><br>Submit one and only one record for each Record Type Code 00 on the file. Record Type 00 will signify the beginning of the rating worksheets for the designated Carrier Pup and Record Type Code 99.<br><br>Submit one and only one File Control Record per file. The File Control Record must be the last record on the file.                                                                                                                                              | AN    | 3-3      | 1     |
| 3                          | <b>DETAIL RECORD COUNT TOTAL</b><br>Report the total number of records on the submission including the Electronic Transmittal Record, but excluding the File Control Record.<br><br>If position 3, Trailer Type Code, is blank, report the total number of records contained on the file for the associated Carrier Pup, including all Record Type Codes (00–99).<br><br>If a "9" is reported in position 3, Trailer Type Code, then report the total number of records contained on the file including all record types (00–99), but excluding the Electronic Transmittal Record (if used).   | N     | 4-13     | 10    |
| 4                          | <b>NUMBER OF RATINGS</b><br>Report the number of ratings produced.<br><br>If position 3, Trailer Type Code, is blank, then report the number of rating documents contained on the file for the associated Carrier Pup. This field will show ONLY the total number of Rating Information Records (Record Type Code 01) on the file for the associated Carrier Pup.<br><br>If position 3, Trailer Type Code, is 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Rating Information Records (Record Type Code 01) on the file. | N     | 14-21    | 8     |
| 5                          | <b>RESERVED FOR FUTURE USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AN    | 22-319   | 298   |
| 6                          | <b>WCRATING FORMAT CODE</b><br>Report the code that identifies the version format.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AN    | 320-320  | 1     |
| <b>Code Description</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |          |       |
| 1                          | WCIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |          |       |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|           | Blank NCCI              |       |          |       |