

STUDY NOTE: ISO STATISTICAL PLANS¹

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BACKGROUND

The need for aggregate insurance statistical data arises from two different arenas: a regulatory need for data and a business need for data. In the next section the regulatory need for data will be elaborated upon followed by the business need. The majority of the study note, though, focuses on the relationship between the ISO Statistical Plans and various rating elements for property/casualty insurance. The paper assumes that the student knows the various rating elements for the major lines of insurance covered in this study note and the concepts of "extension of exposures" and "on-leveling."

Regulatory Need for Data

Insurance regulators are entrusted with monitoring and regulating the insurance business in three areas:

1. financial solvency and solidity of insurance companies – to ensure that the insurance companies will be able to meet their obligations to policyholders;
2. market conduct – to ensure that insurers do not engage in unfair practices and that insurers fulfill the terms of their policies;
3. rate regulation – to ensure that rates meet statutory standards, that is, that rates are not inadequate, excessive, or unfairly discriminatory.

To carry out their first duty, insurance regulators collect data about a company's assets and liabilities and its financial performance during a year through the Annual Statement. The Annual Statement is a "snapshot" at one point in time of a company's financial condition on a calendar-year basis. It does not provide the detail necessary to match the losses and premiums together for comparable policies and to test the adequacy of the rates and classification plans, as required by a regulator's third duty.

To carry out their second duty, insurance regulators conduct periodic market conduct examinations of individual insurers. During these examinations, regulators may review the underwriting practices and guidelines of the insurer, the accuracy of the rating of policies as compared to the approved manuals and forms on file with the insurance department, and the claim settlement practices of the insurer.

¹ This study note is essentially the same paper as "Statistical Plans for Property/Casualty Insurers," published in the 1997 Discussion Paper Program. For the CAS student this paper is somewhat more focused on the ISO Statistical Plans.

To assist regulators in carrying out their third duty, most state rating laws require companies to report statistical information on premiums and losses. Companies must file statistics annually with the state insurance departments either through a statistical agent² or, where permitted, directly with the regulator.

Statistical agents, in turn, develop Statistical Plans that define the data elements to be collected (e.g., coverage, class, amount of insurance), the time frames to report (e.g., monthly, quarterly, annually), and the format or record layout. Since the business and regulatory need for data changes, statistical agents periodically review their plans and modify them as is necessary.

Business Need for Data

The business of insurance is unique in terms of its need for data. In most businesses the cost of the products is known before the product is sold to consumers. In contrast, the insurance industry does not know its final cost to provide insurance coverage to its consumers until many years after the coverage is provided. To estimate the cost of providing insurance coverage for future policies, insurers review data from the policies written in the past, the losses paid or incurred on those policies, and the expenses to write and service those policies. But any one insurer may not have enough credible data for a particular policy type and/or classification of insured to perform an actuarial analysis. To provide a broader data base, the data on insurance underwriting operations – premiums collected and losses and loss adjustment expenses incurred – across insurers are also collected through the Statistical Plan mechanism.

Summary

In summary, Statistical Plans are developed with a goal of providing a data base of homogeneous experience for comparable policies that fulfills both a regulatory need and a business need to correctly price the insurance product.

- For regulatory purposes, the statistical plans collect historical insurance company experience by state, by class, and by coverage. The minimum requirements for the regulatory needs are included in the *National Association of Insurance Commissioners (NAIC)– Statistical Handbook of Data Available to Insurance Regulators*.
- For the business purpose of pricing the insurance product, the Insurance Services Office, Inc.'s (ISO) Statistical Plans go beyond the regulatory mandated data elements (or standard data elements) and collect both additional detail within the standard data elements and additional or new data elements to perform research and development to better refine the rating or classification of insurance policies and to provide advisory prospective loss costs.

² An organization, such as Insurance Services Office, Inc. (ISO) or the National Association of Independent Insurers, that helps companies satisfy legal requirements for reporting data. The statistical agent processes data submitted by companies and reports aggregated information on their behalf to state insurance departments.

By aggregating the data together from many insurers, the resulting ISO data base provides a larger, more credible data base than any one insurer can do alone.

TYPES OF STATISTICAL PLANS

Two basic types of statistical plans exist and have historically been referred to as summary-based plans and transaction-based plans. Over time, for some lines of insurance the differences between these two types of statistical plans have narrowed.

Summary-based Statistical Plans

To balance the regulatory need for aggregate information against the cost of compiling detailed information on millions of policies, the premium and loss data in these type plans are collected on a summarized basis. That is, prior to submitting its data to the statistical agent, an insurer summarizes its data as required by the plan. This means that individual insurer premium and loss transaction records³ that have the same combination of statistical data elements or risk characteristics are combined into a single statistically reported record. For example, if the data is summarized by line of business, by state, by class, and by coverage, then one statistical record is reported by an insurer for every unique combination of these data elements. Individual policy or claim information may be eliminated, but sufficient detail is preserved for standard regulatory reporting purposes. Summary-based statistical plans usually do not include additional detail beyond what is needed for regulatory purposes, although there is nothing which prevents this from occurring.

As the data are already summarized over the required data elements prior to submission to the statistical agents, the compilation of the data into a standard set of reports by the statistical agent is fairly straightforward. Reports using any combination of data elements reported under the summary-based statistical plan can be created. However, by their very nature as a tool for standard regulatory reporting and not for actuarial pricing, these plans may not provide the actuary with the information he or she needs for pricing especially when individual claimant-level loss data is needed. For example:

- If the data were already collected with the summarized losses reported on a total limit basis and, as an actuary, you are asked to price the manual rate at a basic limit of \$100,000, the data you need would not be readily available. It would be necessary to either re-collect the data summarized on a \$100,000 basic limit basis or to collect a supplemental report of claims at a claimant level.
- If you needed a distribution of losses by size of loss to price a deductible change, you would not be able to know what the individual claimant loss values were as they are summarized

³ Insurer transaction records are described in the next section on transaction-based statistical plans.

together before being submitted to the statistical agent. Without the detail, the actuary would not be able calculate the effect of the deductible change.

- In those instances where summary-based statistical plans do not provide the detail required for an "extension of exposure" adjustment to the premium side of the ratemaking formula, the actuary is restricted to an "on-leveling" approach to ratemaking. This is the case, for example, where the statistical plan does not collect exposures. Where the summary-based statistical plans do provide sufficient detail (that is, information on the various rating elements for the line of insurance is collected), the "extension of exposure" technique can be used.

Transaction-based Statistical Plans

While fulfilling the regulatory need for data, transaction-based statistical plans collect more detailed information to support the business need for data. For these type plans, transaction level records are sent to the statistical agent, which eliminates most summarization at the insurer level. Conceptually, each time an insurer writes a policy or has a mid-term endorsement,⁴ it generates one or more premium transaction records. These records contain the dollar amount of the premium (positive or negative) and substantial information (see Exhibit 1 to 3 – ISO Statistical Plan layouts) about the risk's characteristics. On the loss side, an insurer generates transaction records every time it pays a loss, including partial payments, or establishes a loss reserve as a result of a claim. Similar to the premium transactions, the loss records contain the same risk characteristics (enabling the matching of the loss records with the corresponding premium records), plus some loss-specific data elements, such as type-of-loss and claim count.

For the ISO statistical plans, the premium and paid loss data are usually collected quarterly, but it may also be collected on a monthly basis. For outstanding losses, the data are always captured on a quarterly basis evaluated at the end of the quarter. Within these accounting period submissions, the premium and loss transactions represent all the activity that the insurer had during the accounting period regardless of the policy or accident year.

RELATIONSHIP OF STATISTICAL PLANS TO INSURANCE RATING ELEMENTS

The primary purpose of statistical plans is to aggregate historical insurance statistics into a data base of homogeneous experience to assist with the analysis of insurance costs so that rates are not excessive, inadequate, or unfairly discriminatory. To fulfill this basic test for insurance rates, data must be collected and analyzed for each of the significant rating criteria. There is a direct correlation between the rating manuals, applications, or rating worksheets for a line of insurance

⁴ An endorsement whose effective date is after the policy effective date, but before expiration. The endorsement may change either coverage or classification.

and the statistical coding that is required to gather the data for a homogeneous data base. This linkage is frequently referred to as the "code-as-rated" concept.

This is best explained by an example. For Homeowners insurance, one of the major rating elements is the policy form being issued to the insured. The corresponding ISO statistical plan data element would be the policy form data element with statistical plan codes that have a one-to-one correspondence to the standard policy forms. Other examples include the policy limit and deductible.

The "code-as-rated" concept is usually the best method for collecting insurance data. Since the elements are used in rating the policy, they are available and are of a higher quality. The "code-as-rated" concept cannot and should not always be followed. Three examples where it may not be followed are:

1. Extra detail collected – no rating distinction exists but a data element is established to determine if a future rating consideration may be appropriate, e.g., make/model of car for no-fault pricing for Personal Auto. Another example of this is collection of data for Homeowners insurance by zip code, which is not currently used by ISO in calculating advisory prospective loss costs.
2. State regulatory authorities require a data element to be captured and maintained. For example, statistics must be collected on Massachusetts Tenant Relocation Expense for any line of insurance that has a liability component.
3. Less detail collected – coverages are combined in statistical plan coding but not in rating due to an overwhelming consideration for labor or record saving needs. Examples of this situation include policies with multiple locations and additional coverage for Fire Department Service Charge.

ISO STATISTICAL PLAN DATA ELEMENTS

This section reviews most of the ISO statistical plan data elements from a conceptual standpoint but does not discuss the specific code values.

Date Fields – The ISO statistical plans collect various distinct dates on each transactional record:

Accounting Date

definition: This is the date (quarter or month and year) the transaction was entered on the company's financial books and is required on both premium and loss records.

function: ISO uses this field for processing control purposes and for reconciling the statistical data reported to ISO to the insurer's annual statement, State Exhibit of Premiums and Losses (Statutory Page 14 Data).⁵

Inception Date

definition: This is the date (month and year) when the policy is coded. Typically, this is the date on which coverage begins, but the two dates can differ. (See example #2 below.) This field is required on both the premium and loss records.

function: The inception date on the transactional records is key to the initial quality checks that will be performed by ISO. Since statistical plans are periodically modified to reflect current and upcoming needs, the inception date on both the premium and loss records indicates which set of statistical plan codes were valid at the inception of the coverage. All loss records for that policy should carry the same inception date as the corresponding premium records under which the loss was paid.

This field is also used to assign premium and loss records to the proper policy year (if statistics are compiled on this basis).

Effective Date and Expiration Date

definition: These are the dates on which coverage begins and ends, respectively. They are required fields on premium records.

function: These fields are used to calculate the term of the policy, to earn the reported written premium over the policy term, and to allocate the earned premium to the proper calendar-accident years (if statistics are compiled on this basis).

Date of Loss

definition: This is the day on which the loss occurred.

function: For calendar-accident year statistics, the loss date determines the assignment of the loss or allocated loss adjustment expense (paid and/or outstanding) to the proper accident year.

There are other date-related fields on the statistical plan records, but they vary by line of insurance and relate to various rating variables within the line. Examples of these include: year of construction for personal property lines; a car's model year for Personal Automobile; and date of entry into claims-made for General Liability.

⁵ This exhibit, which was commonly referred to as Page 14, is now found on the 15th page of the Annual Statement.

Examples of Date Field Coding

Example #1: A homeowner has applied for insurance and is accepted by the ABC Insurance Company. The policy is recorded by the ABC Insurance Company on its financial books in December, 1995, for a Homeowners policy with a one year term beginning February 15, 1996. The following information is recorded on the premium transaction record:

Accounting Date = 12/95

Inception Date = 2/96

Effective Date = 2/96

Expiration Date = 2/97

When this record is received by ISO, the reported written premium and the detail information provided on the transaction record are processed as follows:

- For reconciliation to Statutory Page 14 Data of the annual statement, the written premium on this record along with other premium records from the ABC Insurance Company carrying an accounting date of 1995 is aggregated together and compared to its 1995 annual statement.
- All the codes entered on the premium transaction record are validated against the statistical plan codes in effect on 2/96.
- The written premium is earned into the 1996 and 1997 calendar-accident years appropriately.

Example #2: A business requires insurance and applies to the XYZ Insurance Company for a General Liability policy. The insured is accepted and annual gross sales (used as the rating basis) is estimated at \$1,000,000. The policy is recorded by the XYZ Insurance Company on its financial books in November, 1994, for a General Liability policy with a one year term beginning March 1, 1995. According to the terms of the policy, there will be quarterly audits of the insured's gross sales – that is, a first quarterly audit would cover the policy term from March 1, 1995 to May 31,1995; a second quarterly audit would cover the policy term from June 1, 1995 to August 31,1995; etc.. Audits are completed and recorded fifteen (15) days after the close of the period. The following information is recorded on the premium transaction records:

	Deposit Premium <u>Record</u>	First Quarterly Audit - Premium <u>Record</u>	Second Quarterly Audit - Premium <u>Record</u>	Third Quarterly Audit - Premium <u>Record</u>	Fourth Quarterly Audit - Premium <u>Record</u>
Accounting Date	11/94	6/95	9/95	12/95	3/96
Inception Date	3/95	3/95	3/95	3/95	3/95
Effective Date	3/95	3/95	6/95	9/95	12/95
Expiration Date	2/96	5/95	8/95	11/95	2/96

When these five transaction records⁶ are received by ISO, the reported written premiums and the detail information provided on these transaction records are processed as follows:

- For reconciliation to Statutory Page 14 Data of the annual statement, the written premiums on these records along with other premium records from the XYZ Insurance Company carrying accounting dates of 1994, 1995, and 1996 are aggregated and compared to its 1994, 1995, and 1996 annual statements, respectively.
- All the codes entered on the premium transaction records are validated against the statistical plan codes in effect on 3/95.
- The written premium and exposure (that is, \$1,000,000 of sales) are earned into the 1995 and 1996 calendar-accident years appropriately. If ratemaking for General Liability had continued on a policy year basis, the written premium and exposure on these records would be assigned to policy year 1995. (In late 1995, ISO moved from a policy year basis to an accident year basis for General Liability ratemaking.)

⁶ A sixth record should also be reported in these situations that reverses the premium reported on the “deposit premium record.”

Amount Fields – The ISO statistical plans collect the following amount fields:

Written Premium

definition: This is the actual premium paid by the insured for the coverage being reported on the transaction record. The premium is reported on a direct basis and is **NOT** net of reinsurance.

function: ISO uses this field for reconciling the statistical data reported to ISO to the insurer's annual statement (Statutory Page 14 Data) and for statistical agent filings.⁷ For ratemaking lines of insurance where an "on-leveling" approach is used for the development of advisory prospective loss costs, the adjusted earned premiums are calculated by adjusting the reported written premiums to a common rate level and earning the adjusted written premium over the term of the policy .

Loss – Indemnity Amount

definition: This is the amount of money paid or that is expected to be paid (the outstanding amount⁸) by the insurer to, or on behalf of, the policyholder under the coverage indicated by the statistical codes on the transaction record. The loss is reported on a direct basis (**NOT** net of reinsurance) and is net of salvage and subrogation. Salvage and subrogation, that is recovered after the loss has been paid and reported to ISO, must still be reported (and sometimes separately identified). This is easily done as a negative paid loss.

function: ISO uses this field for reconciling the statistical data reported to ISO to the insurer's annual statement (Statutory Page 14 Data), for statistical agent filings, and for the development of advisory prospective loss costs.

Loss – Allocated Adjustment Expense Amount

definition: This is the amount of money paid or that is expected to be paid (the outstanding amount) by the insurer for legal and other related costs associated with settling the specific claim under the coverage indicated by the statistical codes on the transaction record. Under the ISO statistical plans, only allocated loss adjustment expenses are reported, on a direct basis and **NOT** net of reinsurance. This data element is only collected in the statistical plans for the liability lines of insurance. For the property lines of insurance, data from the Insurance Expense Exhibit are used.

⁷ Statistical agent filings are the annual aggregate data compilations by line of insurance that the statistical agent files with the state insurance department on behalf of its statistical reporting insurance companies to fulfill their regulatory obligation to report statistical information on premiums and losses.

⁸ Under the ISO statistical plans, the outstanding amounts are the amounts an insurer estimates it will pay in the future related to a specific claim. These loss reserves reported to ISO are the case-base reserves and do not include reserves for IBNR.

function: ISO uses this field for statistical agent filings and for the development of advisory prospective loss costs.

Classification or Rating Variables Fields – For each line of insurance, or module in the ISO statistical plan, the data elements related to the classification or rating of that line of insurance are collected. There is a direct correspondence between the transaction or statistical record and the policy or coverage being provided by insurers, as noted earlier. It is these data elements that allow ISO, as an advisory rating organization, to analyze the data it receives and develop advisory prospective loss costs and other rating and classification factors, such as, increased limit factors.

For **Homeowners insurance**, the major rating elements and the corresponding ISO statistical plan data elements are listed below.

RATING ELEMENTS	DATA ELEMENTS
Location of risk	State, territory
Policy form	Policy form
Construction (e.g., frame)	Construction type
Public protection ⁹	Protection code
Policy Limits	Exposure (Amount of insurance–Coverage A)
Deductible	Deductible type and size

Other information is also collected, such as policy form edition, number of families, and Coverage E limits. See Exhibit 1, ISO Statistical Plan layout for Homeowners insurance.

⁹ For property rating for the peril of fire, the insurance industry refers to a Public Protection Grading that is assigned to each responding fire department. The grading is based on the fire suppression capabilities of the community and considers many variables.

For **General Liability insurance**, the major rating elements and the corresponding ISO statistical plan data elements are listed below.

RATING ELEMENTS

Location of risk
Coverage (e.g., premise/operations)
Type of risk (e.g., restaurants, laundries and dry
cleaners)¹⁰
Policy limit
Deductible
Trigger (occurrence vs. claims-made)
Rating basis (e.g., payroll, square feet)

DATA ELEMENTS

State, territory
Subline code
Classification code

Limit identifier, limit codes
BI, PD deductible code
Coverage code
Exposure

Other information is also collected, such as type of policy (monoline vs. commercial multi-peril) and rating modification resulting from application of Rating Plans. See Exhibit 2, ISO Statistical Plan layout for General Liability insurance.

¹⁰ Multiple classification codes may exist for a type of risk that may further define the risk. For example, restaurants are subdivided into: for- versus not-for-profit; with or without alcoholic beverages; etc.. The ISO Statistical Plan for General Liability insurance has over 1,100 classification codes.

For **Personal Automobile insurance**, the major rating elements and the corresponding ISO statistical plan data elements are listed below.

RATING ELEMENTS	DATA ELEMENTS	COVERAGE		
		<u>LIABILITY</u>	<u>NO-FAULT</u>	<u>PHYSICAL DAMAGE</u>
Insured(s) information:				
• Location of risk (garage)	State, territory	x	x	x
• Standard/non-standard	Type of business	x	x	x
• Driver(s)	Classification code based on "class plan" in effect, e.g., <ul style="list-style-type: none"> • sex, age, marital status • owner/principal operator • accident/convictions 	x	x	x
Coverage information:				
• Policy form	Type of policy (e.g., PAP)	x	x	x
• Coverage(s)	Subline code	x	x	x
	Coverage code <ul style="list-style-type: none"> • no-fault • other than collision • collision 		x	x
• Policy limit	Limit (by coverage)	x		
• Deductible	Deductible (by coverage)	x	x	x

RATING ELEMENTS	DATA ELEMENTS	COVERAGE		
		<u>LIABILITY</u>	<u>NO- FAULT</u>	<u>PHYSICAL DAMAGE</u>
Vehicle information:				
	Symbol			X
	Model year			X
	VIN ¹¹			X
	Vehicle performance ¹²	X	X	X
Discounts:				
	Driver training ¹³	X	X	X
	Good student ¹³	X	X	X
	Defensive driver ¹³	X	X	X
	Anti-lock brake	X (BI,PD)		X (collision- NY, FL)
	Multi-car ¹³	X	X	X
	Anti-theft device			X (OTC)
	Passive restraint	X (med. pay only)	X	

Other research data elements are also collected for Personal Auto: zip code of the location of the risk (garage), number of vehicles/operators, date licensed, number of convictions/accidents, and VIN for liability and no-fault. See Exhibit 3, ISO Statistical Plan layout for Personal Auto insurance.

¹¹ The VIN (vehicle identification number) is used in rating to find the correct symbol for the car at the time of policy issuance. For the "extension of exposure" ratemaking technique, the current symbol for the vehicle must be used which is not necessarily the same as the symbol at policy inception.

¹² Also collected via the classification code in some class plans.

¹³ These rating variables may also be collected via the class code in some class plans.

Exposure Data Element – Many of the above classification or rating data elements are self-explanatory, such as state or policy limit. One data element that is key to the extension of exposure ratemaking technique is *exposure* that is addressed below.

Exposure

definition: The extent of risk or the rating basis for the policy.

function: Since the ratemaking method for many lines of insurance is based principally upon the use of exposures (that is, the extension of exposure method), it is essential that the statistically reported exposure be recorded accurately and in the necessary detail.

For **General Liability**, risks fall into two broad categories with respect to exposures:

1. fixed exposure base – risks for which the exposure base is a definite known quantity at the inception of the policy, for example, square feet.
2. variable exposure base – risks for which the exposure base is an indefinite known quantity at the inception of the policy, for example, gross sales or payroll. For these risks the reported exposure is the exposure for the period of coverage of the transaction being reported.

For **Homeowners**, two measures of exposure are used: (1) amount-of-insurance years which is generated from the Coverage A amount of insurance on the statistical record and the term of the policy implied from the effective date and expiration date on the statistical record; and (2) house-years which is also generated from the unit transaction records based on the term of the policy implied from the effective date and expiration date on the statistical record.

For **Personal Automobile**, ISO generates the exposure, that is, car-years (or car-months), respectively, from the unit transaction records based on the term of the policy implied from the effective date and expiration date on the statistical record.

SPECIAL STATISTICAL PLAN RULES

Audited Policies – The final premium for some policies – mainly in the commercial lines – is based on exposures that are not fully determined until the end of the policy period. For example, insurance rates for many classes in General Liability use gross receipts or payroll as the rating basis or exposure. At policy inception, insurers charge a provisional or deposit premium. After expiration of the policy, the insurer will audit the insured's business records to determine the actual gross receipts or payroll.

For statistical reporting purposes, ISO's statistical plans provide various options for such policies. In each case, the ultimate policy premium and exposure must be reported in full detail. Any statistical records previously submitted to ISO with the provisional or deposit premium must be offset or reversed when the final premium and exposure are reported.

Endorsements – Endorsements effective at policy inception or during the term of the policy (a.k.a., mid-term endorsements) that involve adding or deleting a risk, classification, or coverage with a corresponding premium adjustment must be reported as a separate premium record with full statistical detail. Other endorsements that do not fit the above description may be coded one of two ways: (1) coded in full statistical detail, or (2) coded in less than full statistical detail as required by the Statistical Plan. Examples of these endorsements include: for Homeowners insurance, deductible changes during the policy term; for Personal Automobile, changing the location of risk but within the same rating territory.

OTHER ISSUES

Catastrophe losses – With the heightened awareness within the insurance industry and the regulatory community of the significant impact on the financial health of insurance companies that natural disasters such as hurricanes and earthquakes can have, the ISO Statistical Plans were modified to collect additional data elements for the lines of insurance exposed to such hazards. Under this modification, the following data elements were added: zip code of the location of the risk, the day of loss (in addition to the month and year), expanded cause of loss detail, and the Building Code Effectiveness Grading Schedule¹⁴ code.

Informational Value Reporting (IVR) – In the past statistical plan data elements were restricted in size – beginning with the 80-column punch card of the 1960s to today's 300-byte layout. In order to pack all the information needs into these spaces, statistical plan codes were used to capture values, such as deductible amount, in less space. In the future, as technology allows, statistical plans will migrate to the IVR concept. For example, deductibles could be reported as amounts, not codes, eliminating the translation to code step which may also improve the quality of the data.

¹⁴ Similar in concept to the Public Protection Grading, the Building Code Effectiveness Grading Schedule assigns a grade to each building code jurisdiction that measures the resources and support available for building code enforcement and evaluates how those resources apply to the mitigation of insurance losses due to natural hazards, such as hurricanes.

**MODULE: Homeowners
PREMIUM RECORD LAYOUT**

1		
2	COMPANY NUMBER	
3	NUMBER	
4		
5	TRANSACTION TYPE	
6	MONTH	ACT.
7	YEAR	
8	MONTH	INC.
9	YEAR	
10	TRANSACTION	
1	MONTH	EFF.
2	YEAR	
3		
4	MONTH	EXP.
5	YEAR	
6		
7	STATE	
8		
9	RESERVED ISO	
20	TERRITORY	
1		
2	HOME BUS. CLASS	
3		
4	ANNUAL STATEMENT	
5	LINE OF BUSINESS	
6		
7	PLSP (OTA)	
8	SUBLINE	
9		
30	EXCEPTION	
1	RESERVED ISO	
2	POLICY FORM	
3	# OF FAMILIES	
4	O OR L/HB EXP	
5	STATUS	
6	WIND DED.	
7		
8	CONSTRUCTION	
9	PROTECTION	
40		
1	RESERVED ISO	
2	RESERVED ISO	
3	RESERVED ISO	
4	DED TYPE	
5	DEDUCTIBLE	
6	SIZE	
7	YEAR OF	
8	CONSTRUCTION	
9	EIC - I	
50	EIC - II	
1	RESERVED ISO	
2	POLICY PROGRAM	
3	RESERVED ISO	
4		
5	COV. E. LIMIT	
6	RESERVED	
7	ISO	
8		
9	EXPOSURE	
60		
1	BCEG CLASS	
2		
3	RESERVED	
4	ISO	
5		
6		
7		
8	MH ENDT ID	
9	TIE DOWN	

CONTINUED

70	RESERVED ISO	
1	STATE EXCEPTION+	
2	RESERVED ISO	
3		
4	ZIP CODE	
5		
6		
7		
8		
9		
80		
1	RESERVED ISO	
2		
3		
4		
5		
6		
7		
8		
9		
90		
1		
2		
3		
4		
5		
6		
7		
8		
9	PREMIUM AMOUNT (WHOLE DOLLARS)	
100		
1		
2		
3		
4		
5		
6		
7		
8		
9		
110	RESERVED ISO	
1		
2		
3		
4		
5		
6		
7		
8		
9		
120		
1		
2	PREMIUM RECORD	
3	I.D.	
4		
5		
6		
7		
8		
9		
130		
131		
.		
.	RESERVED FOR COMPANY USE	
.		
.		
.		
150		

**GENERAL RULES
150 CHARACTER RECORD LAYOUT
LOSS RECORD LAYOUT**

1		
2	COMPANY NUMBER	
3	NUMBER	
4		
5	TRANSACTION TYPE	
6	MONTH	ACT.
7	YEAR	
8	MONTH	INC.
9	YEAR	
10		
1	MONTH	LOSS DATE
2	YEAR	
3		
4	DAY	
5		
6	RESERVED ISO	
7	STATE	
8		
9	RESERVED ISO	
20	TERRITORY	
1		
2	HOME BUS. CLASS	
3		
4	ANNUAL STATEMENT	
5	LINE OF BUSINESS	
6		
7	PLSP (OTA)	
8	SUBLINE	
9		
30	EXCEPTION	
1	RESERVED ISO	
2	POLICY FORM	
3	# OF FAMILIES	
4	O OR L/HB EXP	
5	STATUS	
6	WIND DED.	
7		
8	CONSTRUCTION	
9	PROTECTION	
40		
1	RESERVED ISO	
2	RESERVED ISO	
3	RESERVED ISO	
4	DED. TYPE	
5	DEDUCTIBLE	
6	SIZE	
7	YEAR OF	
8	CONSTRUCTION	
9	EIC - I	
50	EIC - II	
1	RESERVED ISO	
2	POLICY PROGRAM	
3	RESERVED ISO	
4		
5	COV. E. LIMIT	
6	RESERVED ISO	
7		
8		
9	EXPOSURE	
60		
1	BCEG CLASS	
2		
3	RESERVED ISO	
4		
5		
6	CAUSE OF LOSS	
7	RESERVED ISO	
8	MH ENDT ID	
9	TIE DOWN	

CONTINUED

70	RESERVED ISO	
1	STATE EXCEPTION+	
2	CLAIM COUNT	
3		
4	ZIP CODE	
5		
6		
7		
8		
9		
80		
1	RESERVED ISO	
2		
3		
4		
5		
6		
7		
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9		
90		
1		
2		
3		
4		
5		
6		
7		
8		
9	LOSS AMOUNT (WHOLE DOLLARS)	
100		
1		
2		
3		
4		
5		
6		
7		
8	LOSS RECORD	
9		
110		
1	I.D.	
2		
3		
4		
5		
6		
7		
8		
9		
120		
1		
2	RESERVED ISO	
3		
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8		
9		
130		
131		
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.	RESERVED FOR COMPANY USE	
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150		

TO IDENTIFY THE REPORTING OF NEGATIVE AMOUNTS, REFER TO THE REPORTING INSTRUCTIONS IN EACH MODULE.

PLSP (OTA)- PART I - SECTION D

EXHIBIT 2

COMMERCIAL STATISTICAL PLAN
MODULE: General Liability

PREMIUM RECORD LAYOUT

1	COMPANY NUMBER	
2	TRANSACTION TYPE	
3	MONTH	ACT.
4	YEAR	
5	MONTH	INC.
6	YEAR	
7	TRANSACTION	
8	MONTH	EFF.
9	YEAR	
10	MONTH	EXP.
11	YEAR	
12	STATE	
13	TERRITORY	
14	TYPE OF POLICY	
15	ANNUAL STATEMENT LINE OF BUSINESS	
16	CSP SUBLINE	
17	CLASSIFICATION	
18	STATE EXCEPTION	
19	LIMITS I.D.	
20	BT OR SINGLE LT	POLICY LIMITS
21	PROPERTY DAMAGE	
22	BODILY INJURY	DEDUCT
23	PROPERTY DAMAGE	
24	COVERAGE	
25	Risk Identif	
26	ENTRY INTO CLAIMS MADE PROGRAM	
27	AGGREGATE POLICY LIMIT	
28	TRANS I.D.	
29	RATING I.D.	
30	DEDUCTIBLE AMOUNT	
31	ZIP CODE*	
32	POLICY LIMIT PER OCCURRENCE	

CONTINUED

LOSS RECORD LAYOUT

71	POLICY LIMIT PER OCC	
72	EFFECTIVE	DAY OF MONTH
73	EXPIRATION	MONTH
74	MGA INDICATOR	
75	EXPOSURE INDICATOR	
76	SCHED RATING MODIFICATION	
77	EXPOSURE	
78	RATING MODIFICATION	
79	RATE DEPARTURE	
80	BODILY INJURY PREMIUM AMOUNT (WHOLE DOLLARS)	
81	PROPERTY DAMAGE PREMIUM AMOUNT (WHOLE DOLLARS)	
82	SIC CODE	
83	PREMIUM RECORD I.D.	
84	RESERVED FOR COMPANY USE	

1	COMPANY NUMBER	
2	TRANSACTION TYPE	
3	MONTH	ACT.
4	YEAR	
5	MONTH	INC.
6	YEAR	
7	MONTH	LOSS DATE
8	YEAR	
9	MGA INDICATOR	
10	STATE	
11	TERRITORY	
12	TYPE OF POLICY	
13	ANNUAL STATEMENT LINE OF BUSINESS	
14	CSP SUBLINE	
15	CLASSIFICATION	
16	STATE EXCEPTION	
17	LIMITS I.D.	
18	POLICY LIMITS	
19	DEDUCTIBLE	
20	NOTICE OF CLAIM DAY	
21	COVERAGE	
22	ENTRY INTO CLAIMS MADE PROGRAM	
23	MONTH	NOTICE OF CLAIM DATE
24	YEAR	
25	MONTH	NOTICE OF OCCURRENCE DATE
26	YEAR	
27	TRANS I.D.	
28	RATING I.D.	
29	DEDUCTIBLE AMOUNT	
30	ZIP CODE*	
31	TYPE OF LOSS	

CONTINUED

71	TYPE OF LOSS (Cont'd)	
72	X	CLAIM COUNT
73	SIC CODE	
74	EXPOSURE INDICATOR	
75	AGGREGATE POLICY LIMIT	
76	POLICY LIMIT PER OCCURRENCE	
77	LOSS AMOUNT (WHOLE DOLLARS)	
78	LOSS RECORD I.D.	
79	OCCURRENCE I.D.	
80	PREMIUM RECORD I.D.	
81	RESERVED FOR COMPANY USE	

* For data reported under ISO's data processing service for Texas, report Deductible Amount. Otherwise report Zip code.

REPORTING INSTRUCTIONS
MANDATORY RECORD LAYOUT

LIABILITY MODULE
PREMIUMS

1	STAT PLAN INDICATOR
2	TRANSACTION TYPE
3	RESERVED
4	
5	COMPANY NUMBER
6	
7	
8	
9	KIND OF RECORD
10	ACCOUNTING DATE (MMYYYY)
11	
12	
13	
14	
15	
16	INCEPTION DATE (MMYYYY)
17	
18	
19	
20	
21	
22	TRANSACTION EFFECTIVE DATE (MMDDYYYY)
23	
24	
25	
26	
27	
28	
29	
30	TRANSACTION EXPIRATION DATE (MMDDYYYY)
31	
32	
33	
34	
35	
36	
37	
38	STATE
39	
40	TERRITORY
41	
42	
43	ZIP CODE
44	
45	
46	
47	
48	RESERVED
49	
50	
51	
52	TYPE OF BUSINESS
53	TYPE OF POLICY
54	
55	RESERVED
56	CLASSIFICATION/
57	TYPE OF VEHICLE CODE
58	
59	
60	
61	
62	NUMBER OF VEHICLES ++
63	RESERVED
64	
65	NO. OF OPERATORS OF VEHICLE ++
66	PRIN/NON-PRIN OPERATOR ++
67	AGE (MMDDYYYY) ++
68	
69	
70	

71	AGE (MMDDYYYY) (CONT)
72	
73	
74	
75	GENDER ++
76	MARITAL STATUS ++
77	VEHICLE USE ++
78	DRIVE TO WORK-MILES ++
79	
80	DRIVE TO WORK-DAYS ++
81	ESTIMATED ANNUAL MILEAGE ++
82	
83	PERSISTENCY-MMYYYY ++
84	
85	
86	
87	
88	
89	VEHICLE PERFORMANCE
90	DATE LICENSED
91	
92	
93	
94	
95	
96	NO. OF TRAFFIC CONVICTIONS ++
97	
98	RESERVED
99	
100	
101	
102	NO. OF CHARGEABLE
103	AT-FAULT ACCIDENTS ++
104	RESERVED
105	
106	
107	
108	GOOD DRIVER DISCOUNT ++
109	DRIVER TRAINING DISCOUNT ++
110	GOOD STUDENT DISCOUNT ++
111	DEFENSIVE DRIVER DISCOUNT
112	ANTI-LOCK BRAKE DISCOUNT
113	MULTI-CAR DISCOUNT
114	RESERVED
115	
116	
117	
118	POINT FORGIVENESS
119	DAYTIME RUNNING LIGHTS DISCOUNT
120	MODEL YEAR (YYYY)
121	
122	
123	
124	VIN
125	
126	
127	
128	
129	
130	
131	
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133	
134	RESERVED
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141	PREMIUM RECORD ID
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161	COMPANY USE
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187	
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189	
190	
191	RESERVED
192	
193	
194	
195	
196	
197	
198	
199	
200	
201	SUBLINE
202	
203	
204	RESERVED
205	
206	LIMIT IDENTIFIER
207	RESERVED
208	
209	
210	

211	RESERVED (CONT)
212	
213	
214	BODILY INJURY LIMIT CODE
215	RESERVED
216	
217	
218	
219	
220	
221	
222	
223	
224	
225	
226	
227	
228	
229	
230	PROPERTY DAMAGE LIMIT CODE
231	RESERVED
232	
233	
234	
235	
236	
237	
238	
239	MEDICAL PAYMENT LIMIT CODE
240	RESERVED
241	
242	
243	
244	
245	
246	
247	
248	
249	
250	
251	
252	
253	
254	
255	PASSIVE RESTRAINT CODE
256	RESERVED
257	
258	STATE EXCEPTION CODE
259	RESERVED
260	(POSITIONS)
261	(259-289)
262	
263	
264	
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290	PREMIUM AMOUNT
291	
292	
293	
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297	
298	ANNUAL STATEMENT LINE OF
299	BUSINESS
300	

+ + Indicates fields required for California reporting only.

REPORTING INSTRUCTIONS
MANDATORY RECORD LAYOUT

LIABILITY MODULE
LOSSES

1	STAT PLAN INDICATOR	71	AGE (MMDDYYYY) (CONT)	141	PREMIUM RECORD ID	211	RESERVED (CONT)
2	TRANSACTION TYPE	72		142		212	
3	RESERVED	73		143		213	
4		74		144		214	LIMIT CODE
5	COMPANY NUMBER	75	GENDER ++	145		215	RESERVED
6		76	MARITAL STATUS ++	146		216	
7		77	VEHICLE USE ++	147		217	
8		78	DRIVE TO WORK-MILES ++	148		218	
9	KIND OF RECORD	79		149		219	
10	ACCOUNTING DATE (MMYYYY)	80	DRIVE TO WORK-DAYS ++	150		220	
11		81	ESTIMATED ANNUAL MILEAGE ++	151		221	
12		82		152		222	
13		83	PERSISTENCY-MMYYYY ++	153		223	
14		84		154		224	
15		85		155		225	
16	INCEPTION DATE (MMYYYY)	86		156		226	
17		87		157		227	
18		88		158		228	
19		89	VEHICLE PERFORMANCE	159		229	
20		90	DATE LICENSED	160		230	
21		91		161	COMPANY USE	231	
22	RESERVED	92		162		232	
23		93		163		233	
24		94		164		234	
25		95		165		235	LOSS RECORD ID
26		96	NO. OF TRAFFIC CONVICTIONS ++	166		236	
27		97		167		237	
28		98	RESERVED	168		238	
29		99		169		239	
30	LOSS DATE (MMDDYYYY)	100		170		240	
31		101		171		241	
32		102	NO. OF CHARGEABLE	172		242	
33		103	AT-FAULT ACCIDENTS ++	173		243	
34		104	RESERVED	174		244	
35		105		175		245	
36		106		176		246	
37		107		177		247	
38	STATE	108	GOOD DRIVER DISCOUNT ++	178		248	
39		109	DRIVER TRAIN. DISCOUNT ++	179		249	
40	TERRITORY	110	GOOD STUDENT DISCOUNT ++	180		250	
41		111	DEFENSIVE DRIVER DISCOUNT	181		251	
42		112	ANTI-LOCK BRAKE DISCOUNT	182		252	
43	ZIP CODE	113	MULTI-CAR DISCOUNT	183		253	
44		114	RESERVED	184		254	
45		115		185		255	PASSIVE RESTRAINT CODE
46		116		186		256	RESERVED
47		117		187		257	
48	RESERVED	118	POINT FORGIVENESS	188		258	STATE EXCEPTION CODE
49		119	DAYTIME RUNNING LIGHTS DISCOUNT	189		259	RESERVED
50		120	MODEL YEAR (YYYY)	190		-	(POSITIONS)
51		121		191	ACCIDENT STATE	-	(259-288)
52	TYPE OF BUSINESS	122		192		-	
53	TYPE OF POLICY	123		193	RESERVED	-	
54		124	VIN	194		-	
55	RESERVED	125		195		-	
56	CLASSIFICATION/	126		196		-	
57	TYPE OF VEHICLE CODE	127		197		-	
58		128		198		-	
59		129		199		288	
60		130		200		289	CLAIM COUNT
61		131		201	SUBLINE	290	LOSS AMOUNT
62	NUMBER OF VEHICLES ++	132		202		291	
63	RESERVED	133		203		292	
64		134	RESERVED	204	TYPE OF LOSS	293	
65	NO. OF OPERATORS OF VEHICLE ++	135		205		294	
66	PRIN/NON-PRIN OPERATOR ++	136		206	LIMIT IDENTIFIER	295	
67	AGE (MMDDYYYY) ++	137		207	RESERVED	296	
68		138		208		297	
69		139		209		298	ANNUAL STATEMENT LINE OF
70		140		210		299	BUSINESS
						300	

++ Indicates fields required for California reporting only.

REPORTING INSTRUCTIONS
MANDATORY RECORD LAYOUT

PHYSICAL DAMAGE MODULE
PREMIUMS

1	STAT PLAN INDICATOR *
2	TRANSACTION TYPE
3	RESERVED
4	
5	COMPANY NUMBER
6	
7	
8	
9	KIND OF RECORD
10	ACCOUNTING DATE (MMYYYY)
11	
12	
13	
14	
15	
16	INCEPTION DATE (MMYYYY)
17	
18	
19	
20	
21	
22	TRANSACTION EFFECTIVE DATE (MMDDYYYY)
23	
24	
25	
26	
27	
28	
29	
30	TRANSACTION EXPIRATION DATE (MMDDYYYY)
31	
32	
33	
34	
35	
36	
37	
38	STATE
39	
40	TERRITORY
41	
42	
43	ZIP CODE
44	
45	
46	
47	
48	RESERVED
49	
50	
51	
52	TYPE OF BUSINESS
53	TYPE OF POLICY
54	
55	RESERVED
56	CLASSIFICATION/ TYPE OF VEHICLE CODE
57	
58	
59	
60	
61	
62	NUMBER OF VEHICLES **
63	RESERVED
64	
65	NO. OF OPERATORS OF VEHICLE **
66	PRIN/NON-PRIN OPERATOR **
67	AGE (MMDDYYYY) **
68	
69	
70	

71	AGE (MMDDYYYY) (CONT)
72	
73	
74	
75	GENDER **
76	MARITAL STATUS **
77	VEHICLE USE **
78	DRIVE TO WORK-MILES **
79	
80	DRIVE TO WORK-DAYS **
81	ESTIMATED ANNUAL MILEAGE **
82	
83	PERSISTENCY-MMYYYY **
84	
85	
86	
87	
88	
89	VEHICLE PERFORMANCE
90	DATE LICENSED
91	
92	
93	
94	
95	
96	NO. OF TRAFFIC CONVICTIONS **
97	
98	RESERVED
99	
100	
101	
102	NO. OF CHARGEABLE AT-FAULT **
103	ACCIDENTS
104	RESERVED
105	
106	
107	
108	GOOD DRIVER DISCOUNT **
109	DRIVER TRAINING DISCOUNT **
110	GOOD STUDENT DISCOUNT **
111	DEFENSIVE DRIVER DISCOUNT
112	ANTI-LOCK BRAKE DISCOUNT
113	MULTI-CAR DISCOUNT
114	RESERVED
115	
116	
117	
118	POINT FORGIVENESS
119	DAYTIME RUNNING LIGHTS DISCOUNT
120	MODEL YEAR (YYYY)
121	
122	
123	
124	VIN
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134	RESERVED
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141	PREMIUM RECORD ID
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161	COMPANY USE
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189	
190	
191	RESERVED
192	
193	
194	
195	
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197	
198	
199	
200	
201	SUBLINE
202	
203	
204	RESERVED
205	
206	COVERAGE CODE
207	
208	
209	RESERVED
210	

211	RESERVED (CONT)
212	
213	
214	
215	OTC SYMBOL CODE
216	
217	RESERVED
218	
219	
220	
221	
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223	
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225	
226	
227	
228	
229	
230	COLLISION SYMBOL
231	
232	RESERVED
233	
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252	
253	
254	
255	
256	ANTI-THEFT DEVICE CODE
257	RESERVED
258	STATE EXCEPTION CODE
259	RESERVED (POSITIONS) (259-289)
260	
261	
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289	
290	PREMIUM AMOUNT
291	
292	
293	
294	
295	
296	
297	
298	ANNUAL STATEMENT LINE OF BUSINESS
299	
300	

** Indicates fields required for California reporting only.

REPORTING INSTRUCTIONS
MANDATORY RECORD LAYOUT

1	STAT PLAN INDICATOR
2	TRANSACTION TYPE
3	RESERVED
4	
5	COMPANY NUMBER
6	
7	
8	
9	KIND OF RECORD
10	ACCOUNTING DATE (MMYYYY)
11	
12	
13	
14	
15	
16	INCEPTION DATE (MMYYYY)
17	
18	
19	
20	
21	
22	RESERVED
23	
24	
25	
26	
27	
28	
29	
30	LOSS DATE (MMDDYYYY)
31	
32	
33	
34	
35	
36	
37	
38	STATE
39	
40	TERRITORY
41	
42	
43	ZIP CODE
44	
45	
46	
47	
48	RESERVED
49	
50	
51	
52	TYPE OF BUSINESS
53	TYPE OF POLICY
54	
55	RESERVED
56	CLASSIFICATION/ TYPE OF VEHICLE CODE
57	
58	
59	
60	
61	
62	NUMBER OF VEHICLES ++
63	RESERVED
64	
65	NO. OF OPERATORS OF VEHICLE ++
66	PRIN/NON-PRIN OPERATOR ++
67	AGE (MMDDYYYY) ++
68	
69	
70	

71	AGE (MMDDYYYY) (CONT)
72	
73	
74	
75	GENDER ++
76	MARITAL STATUS ++
77	VEHICLE USE ++
78	DRIVE TO WORK-MILES ++
79	
80	DRIVE TO WORK-DAYS ++
81	ESTIMATED ANNUAL MILEAGE ++
82	
83	PERSISTENCY-MMYYYY ++
84	
85	
86	
87	
88	
89	VEHICLE PERFORMANCE
90	DATE LICENSED
91	
92	
93	
94	
95	
96	NO. OF TRAFFIC CONVICTIONS ++
97	
98	RESERVED
99	
100	
101	
102	NO. OF CHARGEABLE AT-FAULT ++
103	ACCIDENTS
104	RESERVED
105	
106	
107	
108	GOOD DRIVER DISCOUNT ++
109	DRIVER TRAINING DISCOUNT ++
110	GOOD STUDENT DISCOUNT ++
111	DEFENSIVE DRIVER DISCOUNT
112	ANTI-LOCK BRAKE DISCOUNT
113	MULTI-CAR DISCOUNT
114	RESERVED
115	
116	
117	
118	POINT FORGIVENESS
119	DAYTIME RUNNING LIGHTS DISCOUNT
120	MODEL YEAR (YYYY)
121	
122	
123	
124	VIN
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133	
134	RESERVED
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141	PREMIUM RECORD ID
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161	COMPANY USE
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189	
190	
191	ACCIDENT STATE
192	
193	RESERVED
194	
195	
196	
197	
198	
199	
200	
201	SUBLINE
202	
203	
204	TYPE OF LOSS
205	
206	COVERAGE CODE
207	
208	
209	RESERVED
210	

PHYSICAL DAMAGE MODULE
LOSSES

211	RESERVED (CONT)
212	
213	
214	
215	SYMBOL CODE
216	
217	RESERVED
218	
219	
220	
221	
222	
223	
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234	
235	LOSS RECORD ID
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252	
253	
254	
255	RESERVED
256	ANTI-THEFT DEVICE CODE
257	RESERVED
258	STATE EXCEPTION CODE
259	RESERVED (POSITIONS) (259-288)
260	
261	
262	
263	
264	
265	
266	
267	
268	
269	CLAIM COUNT
270	LOSS AMOUNT
271	
272	
273	
274	
275	
276	
277	
278	
279	ANNUAL STATEMENT LINE OF BUSINESS
280	

++ Indicates fields required for California reporting only.