SMALL EMPLOYER INSURER
NEW BUSINESS/BASE PREMIUM
RATE CHANGE FORM

Ref: Section Ins 8.56 (2), Wis. Adm. Code and Section 601.42, Wis. Stat.

State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

For each class of business, as defined in s. Ins 8.52 (3), Wis. Adm. Code, indicate whether or not new policies were being issued during 2001, list all changes in the new business premium rate (or base premium rate for a class of business where no new policies were being issued) and give the total 2001 earned premium as shown in the example below. Begin the rate change history with the rating period containing January 1, 2001, and continue through to the rating period containing January 1, 2002.

Each increase should represent the change from the previous rate chart and not necessarily the rate increase given to renewed policies.

This form may be modified to add additional space.

Name of Company

EXAMPLE

Plan, Product, or Association	New Policies Being Issued	New Rate Effective Date	Increase	2001 Earned Premium
ABC Group Plan	Yes	01/01/01	2.5%	
		07/01/01	4.3%	
		01/01/02	6.1%	$124,000

Plan, Product, or Association	New Policies Being Issued	New Rate Effective Date	Increase	2001 Earned Premium
				$
				$
				$
				$
				$

Name of Contact Person	Phone Number of Contact Person