

**Data Call for Direct California Workers' Compensation Experience (Abridged)
Calendar Year 2014 (CA-NC-2014)**

Due Date: March 19, 2015

Exhibits

I. Premium Exhibit

**a. Direct Written Premium
(calendar period 1/1/14 – 12/31/14)** _____

**b. Direct Earned Premium
(calendar period 1/1/14 – 12/31/14)** _____

II. Loss Exhibit

	(1)	(2)	(3) = (1) + (2)
	Indemnity	Medical	Total

Part A: Paid Losses

a. From 1/1/14 to 12/31/14 _____

Part B: Total Loss Reserves (including incurred but not reported)

a. As of 12/31/14 _____

b. As of 12/31/13* _____

c. Change in outstanding reserves:
(a) - (b) _____

Part C: Total Losses Incurred

a. Sum of Part A, Line (a) and Part B, Line (c) _____

* To agree with unpaid amounts reported on Part B, line a: "Total Loss Reserves as of 12/31/13" of the Data Call for Direct California Workers' Compensation Experience (Abridged) – Calendar Year 2013 (CA-NC-2013) issued January 13, 2014.

_____ Name	_____ Title
_____ Email	_____ Date Filed
_____ Telephone No.	_____ Fax No.
_____ Mailing Address:	_____ Group Code
	_____ Group Name

**Data Call for Direct California Workers' Compensation Experience (Abridged)
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Companies included in the report

Code	Name	Status
_____	_____	_____