

# Survey of Competitive State Funds

Arizona	California	Colorado	Hawaii	Kentucky	Maine	Maryland	Minnesota	Missouri	New Mexico	Oklahoma	Oregon	Pennsylvania	Rhode Island	Texas	Utah
<b>1. Are you regulated by your state insurance dept. or by your state legislature?</b>															
Ins.	Ins.	Ins.	Ins.	Ins.	Ins.	Ins.	Ins.	Ins.	Ins.	*	Ins.	Both*	Ins.	Ins.	Ins.
<b>2. Do you function as or are you structured as a domestic mutual insurer?</b>															
No*	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
<b>3. Are you a member of the guaranty fund in your state?</b>															
Yes*	Yes	No	No*	No	No	No*	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
<b>4. Does the guaranty fund have full liability for the state fund or limited liability?</b>															
Full	Full	NA	NA	NA	NA	NA	Full	Full	Full	No liability	NA	Full	NA	Limited*	Full
<b>5. Do you pay premium taxes?</b>															
Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
<b>6. If so, what is the percentage of premium?</b>															
*	2.35%	3.5%*		NA	2%	NA	1.26%	Var. 0-2%	3%	NA	NA	2%	NA	1-1.5%	9.50%

Idaho, Louisiana, and New York did not respond to the survey.

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<b>7. Do you report your financials on a calendar year or fiscal year basis?</b>															
CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY
<b>8. Do you prepare your financials on a GAAP, GASB or statutory basis?</b>															
GAAP & Stat.*	Stat.*	GAAP & Stat.*	Stat.	Stat.	Stat.	GAAP & Stat	Stat.	GAAP & Stat.	Stat.	GAAP, Stat & GASB	GAAP & Stat	Stat.	Stat.	GAAP & Stat.	Stat.
<b>9. Do you follow NCCI advisory forms and loss costs, or do you have exceptions?</b>															
Yes	No*	Yes*	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes	No	No
<b>10. If so, are the exceptions filed with the insurance department?</b>															
NA	Yes	Yes	NA	No*	NA	No	NA	NA	NA	NA	NA	NA	Yes	NA	NA
<b>11. Which of the following relationships does your state fund have to state government?</b>															
<b>a. Are your employees state employees?</b>															
No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	Yes	No	No	No
<b>b. Do your employees participate in the state retirement plan?</b>															
Yes	Yes	Yes	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes
<b>c. Do your employees participate in state health insurance plans and other benefits?</b>															
No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	No	No
<b>d. If your employees participate in state government insurance plans, does your state fund provide any additional benefits or coverages?</b>															
NA	Yes	NA	NA	Yes	NA	No	NA	NA	No	No	NA	No	NA	NA	NA

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<b>e. If you have non state provided health insurance plans and other benefits, or provide additional benefits or coverage, do you handle in-house or use a third party</b>															
3rd Party	NA	In House*	In House	3rd Party	3rd Party	NA	3rd Party	3rd Party	3rd Party	NA	NA	NA	NA	3rd Party	3rd Party
<b>f. Are you part of the state computer system and network?</b>															
No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No
<b>g. Are you a component unit of state government financial reporting?</b>															
Yes*	Yes & No*	No	No	No	No	No	No	No	No	Yes	Yes	Yes*	No	No	No
<b>h. Are general liability and property casualty insurance obtained through your state government plan?</b>															
No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No
<b>i. Are you part of the state government telecommunications system?</b>															
No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No
<b>j. Are you subject to punitive damages?</b>															
Yes	Yes	No*	Yes	Yes	Yes	No	Yes*	Possibly	Yes	No	No	Yes	*	Yes	Yes
<b>k. Do you pay federal taxes?</b>															
No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No
<b>l. Does your state fund own its office building?</b>															
Yes	Yes*	Yes*	No	No	No	Yes	No	Yes*	No	Yes	Yes	No	Yes	No	Yes

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<b>m. Do you use the state government contracts for purchase of supplies or equipment?</b>															
No	No	No	No	Yes	No	No	No	No	No	Yes	No	Yes	No	No	No
<b>n. Do you participate in your state's record retention plans?</b>															
No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No
<b>o. Do you use your state government mail services?</b>															
No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No
<b>p. Do you handle your own investment of assets or are investment services provided by your state government?</b>															
Own	Own	Govt*	Own	Own	Own	Own	Own	Own	Own	Own	Govt.	Both*	Own	Own	Own

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