



User Guide



California Department of Insurance (CDI)

Prior Approval Rate Application (PARA)

01/31/2025

Table of Contents

1. Introduction.....	1
2. Roles.....	2
3. PARA Portal Navigation.....	3
1. Home Page.....	3
2. Portal Registration	4
3. My Profile and Company Association	5
4. PARA Portal Login.....	7
5. Forgot Password.....	7
6. Creating a new PARA.....	8
7. Update or modify an existing PARA.....	9
8. Admin Dashboard	10
4. Recommended Steps for Filling an Application on the PARA Portal	11
5. Online Forms	15
PARA Rate Application.....	15
1. General Information	15
2. Group Filing.....	16
3. Filing Type and Checklist	17
4. Impact of Proposed Changes.....	18
5. Reconciliation of Direct Earned Premium Data	19
6. Program Detail	20
7. Additional Calendar Year Data Required by Statute	21
8. Miscellaneous Fees and Other Charges	22
9. Forms.....	23
10. Rules and Underwriting Guidelines	24
11. Variance Request.....	25
12. 12.1Model Disclosure.....	26
Rate Template	27
1. General Information	27
2. Summary.....	28

3.	3.1Yield FIT – Projected Yield and Federal Income Tax Rate on Investment Income	29
4.	3.2Yield FIT	30
5.	4.1Excluded Expense Ratio	31
6.	4.2Excluded Expense Ratio	32
7.	CDI Parameters	33
8.	6.1Ratemaking Data	34
9.	6.2Ratemaking Data	35
10.	7.1Rate Change Calculation	36
11.	7.2Rate Change Calculation	37
12.	LCM Calculation	38
	Standard Exhibits Template	39
	1.General	39
	2. Exhibit 5	40
	3. Exhibit 7 – Annual	41
	4. Exhibit 8	42
	Affidavit	43
	1.Affidavit	43
6.	Email notifications.....	44

1. Introduction

As per the Prior Approval Rate Filing Instructions on the California Department of Insurance (CDI) Public Website, insurers seeking to introduce new rules, change existing ones, or launch new programs must follow a specific process. This involves completing a Prior Approval Rate Application ('Application'), an Affidavit, and, if applicable, a Prior Approval Rate Template ('Rate Template') and a Standard Exhibits Template. These filings comply with Title 10, Chapter 5, Subchapter 4.8 of the California Code of Regulations (CCR) and must be submitted to the Commissioner. The collection of rate application files is known as a Prior Approval Rate Application (PARA). All submissions occur via the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filing (SERFF), with automatic acknowledgment of filings provided through SERFF.

The PARA Portal is the new web-based application insurer portal designed to transform the existing rate filing process for PARAs, where the insurer uses Excel templates with macros, into a streamlined web portal. This portal aims to enhance the rate filing experience for insurers by web and automation technologies for data entry and data validation when filing and reducing filing errors before submitting PARA files to NAIC/SERFF. The Excel files included as part of the PARA Portal are:

1. Prior Approval Rate Application
2. Prior Approval Rate Template
3. Standard Exhibits Template
4. Affidavit

The PARA Portal includes the following three main processes as shown below

Registration	PARA Form Filling	PARA Form Download
<ul style="list-style-type: none">• Registration• Company Association• Login	<ul style="list-style-type: none">• Prior Approval Rate Application• Prior Approval Rate Template• Standard Exhibits Template• Affidavit	<ul style="list-style-type: none">• Download Excel• Download PDF

2. Roles

This user guide is specifically designed for users with the **Insurer User** and **Insurer Admin** roles.

Role	Access	Description
Insurer User	PARA Portal	This role is responsible for completing and submitting applications, as well as generating Excel or PDF files for further processing. The user role associated with a company is selected during the profile setup process, where the user links their profile to a company (see Section 3.3 for details).
Insurer Admin	PARA Portal	This role serves as the Admin for the designated Insurance Company, as approved by the RRB team. In addition to performing all actions available to Insurer Users, the Admin can also approve or reject requests for company association from Insurer Users within the portal Admin Dashboard.
RRB Team Admin	PARA Admin App	This role oversees the PARA Admin App (CRM) and is responsible for approving or denying external user access requests, company association requests, and company addition/removal requests submitted by Insurer Users and Insurer Admins. They are also responsible for updating the application dynamic tables. The role includes read-only access to PARA forms and the ability to download Excel/PDF files from the Admin App. However, it does not have access to the PARA Portal.
System Admin	PARA Admin App, PARA Portal	This role holds the highest level of privileges and oversees the PARA Admin App (CRM) and PARA Portal. In addition to performing all actions available to the RRB Team Admin, this role also has the authority to delete any users, companies and user association to companies.

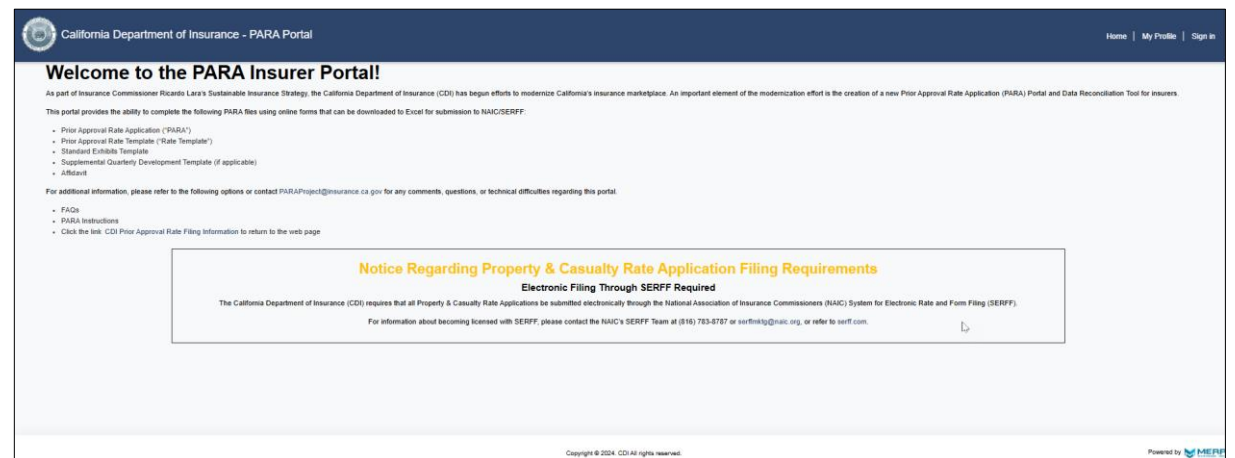
3. PARA Portal Navigation

1. Home Page

Description:

The Home Page is the landing page for the PARA Portal, displayed when you click on the portal link. It provides an overview of the portal and includes contact information for user support. The top bar navigation menu provides a link to My Profile (must be signed in) and Sign In.

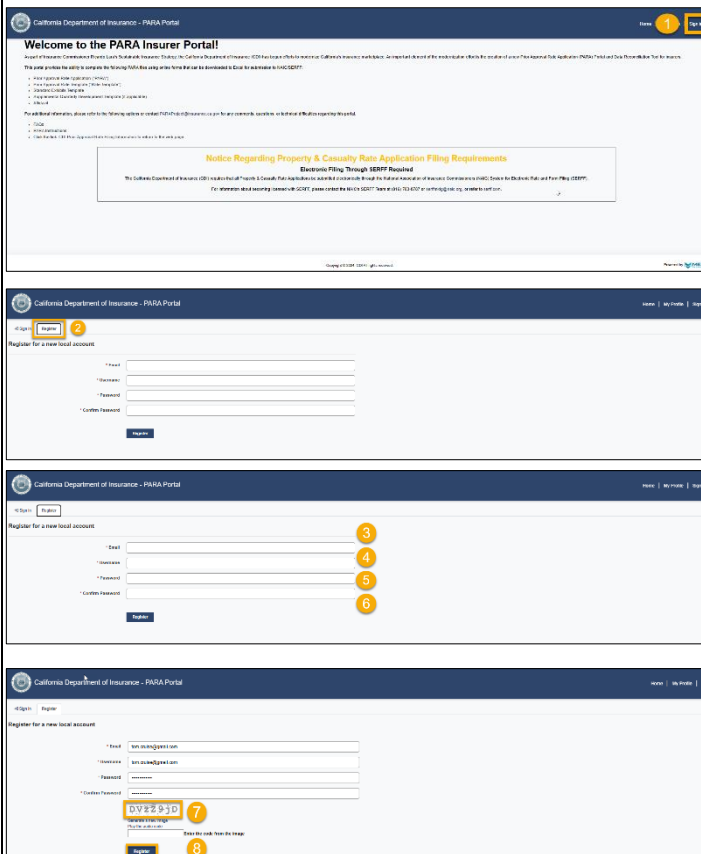
Portal - <https://cdiparaportal.powerappsportals.us/>



2. Portal Registration

Description:

First-time users must complete the registration process before logging into the portal. This step only needs to be performed once.



Registration Video Tutorial: [Registration.mp4](#)

1. Click on the Sign in on top ribbon of the home page to open Sign in/Register page
2. Click on the 'Register' tab next to the 'Sign in' to complete the registration form.
3. **Email** Type in email address. [Note: For UAT Testing, please use non-CDI email ID and not your insurance.ca.gov work email]
4. **Username** will default to email address entered in the previous field.
5. **Password** Type in the password which meets all the criteria below –
 - Includes an uppercase letter
 - Includes a lowercase letter
 - Includes numbers
 - Includes special characters
 - Is 15 characters long
6. **Confirm Password** Retype the password to confirm.
7. **Complete CAPTCHA.**
8. **Register** Once form is complete, click on register button to complete the process.
9. Once the user is registered. The user will receive a confirmation email.
10. **Profile and Company Addition:** Once registered, the next step will be to update 'My Profile' where user personal information and new

3. My Profile and Company Association

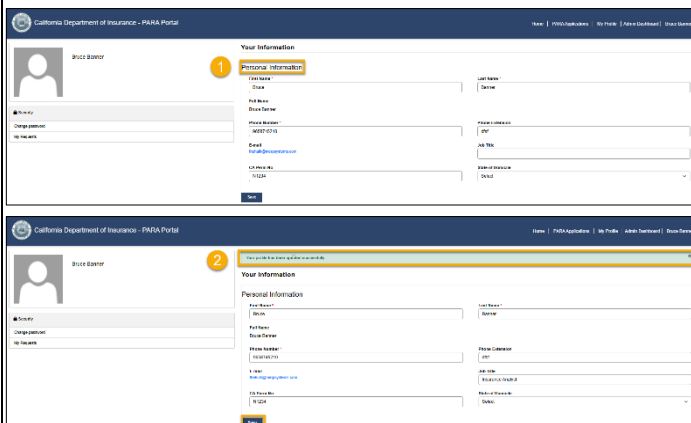
Description:

In this section, users provide all the necessary information to create an insurer profile and associate the relevant company(s) to your user profile. Before starting your first PARA, make sure your user profile is associated with your company. This is a one-time setup that enables you to:

- Quickly select from your authorized companies when starting an application.
- Ensure accurate company information is in your filings

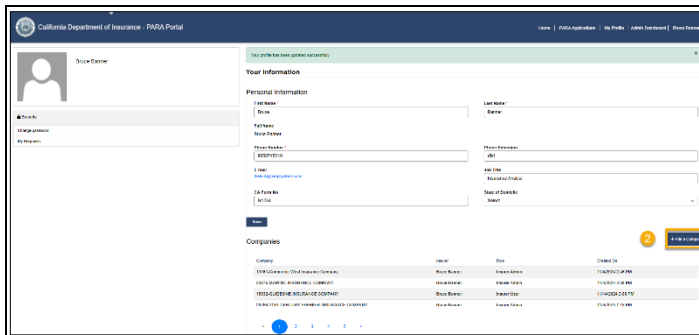
When you begin a new application, you'll be prompted to select from your list of associated companies. If you don't see your company listed, associate the company with your profile and then try again.

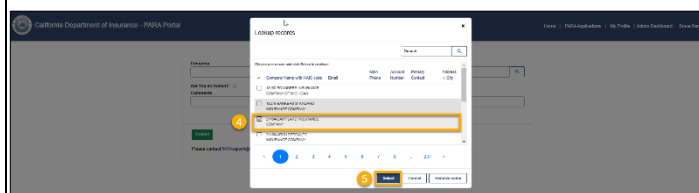
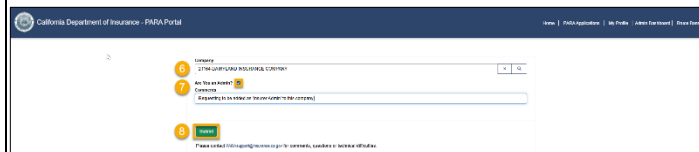
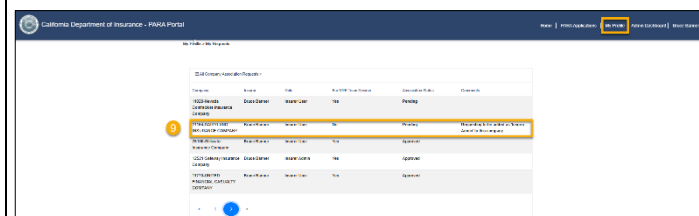
Note: During the application filling, user is allowed to manually enter a company name and details, but the system only auto-populates these fields if the user has pre-authorized company associations.



1. **Personal Information:** Update the personal information in this section.
2. Once users have successfully updated their profile, a green notification will appear at the top of the screen confirming the update.

My Profile and Company Association Video Tutorial: [Registration.mp4](#)



1. **Add Company** Use the 'Add Company' button, and a pop-up will appear.
2. **Search** for the company name in the provided lookup list using either the search icon or by typing the company name in the search bar. If you are unable to find your company, please contact PARAsupport@insurance.ca.gov for comments, questions or technical difficulties

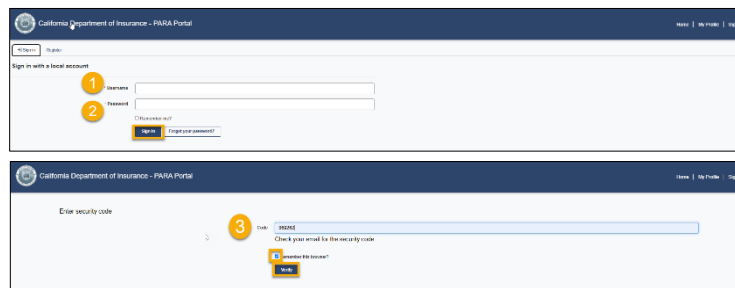
3. Once the company is found, select the company by checking the checkbox to the left of the company name.
4. Once the company checkbox is selected, click on 'Select' button to complete the selection.
5. The selected company and Comment section appears along with a question whether you are the Admin.
6. If you are an Admin for the company, then request to be associated as the 'Insurer Admin' by selecting the check box. If you are not the company Admin, do not check the box and your association request will be sent for 'Insurer User' role to the Insurer Admin of the Company.
7. Click on 'Submit' to complete the company association request which will be sent either to the company Admin or RRB officials for approval.
8. The approval request may take some time depending on the admin's response time. To check the status of the request, you may go to 'My Profile' and look for Association status. Once the request is approved, the respective company will be associated to your profile with the role

4. PARA Portal Login

Description:

This page allows you to sign in to the PARA Portal using your registered username and password. First-time users must complete the registration process before signing in, as outlined in Section 2.

Portal Login - [Sign in](#)



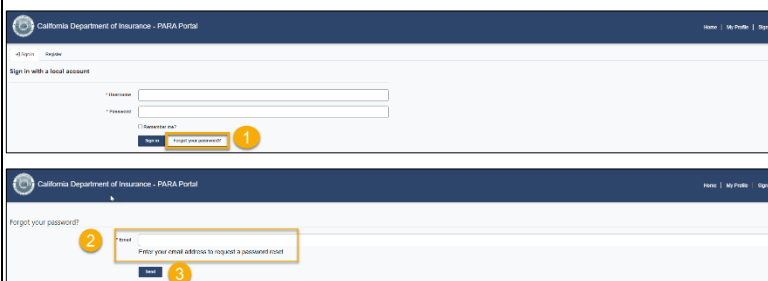
1. **Username** Type in username.
2. **Password** Type in the password used during registration.
3. **Verify Code** -For initial login or after system restart, the user will be asked to provide a two-factor authentication code which will be sent your

Sign In Video Tutorial: [SignIn.mp4](#)

5. Forgot Password

Description:

If you do not remember your login password, click the 'Forgot Password' button next to the 'Sign In' button. A screen will appear requesting the email address associated with your profile. Enter your email address and click the 'Send' button. You will receive an email with instructions to reset your password. Follow the instructions to update your password and regain access to the portal.

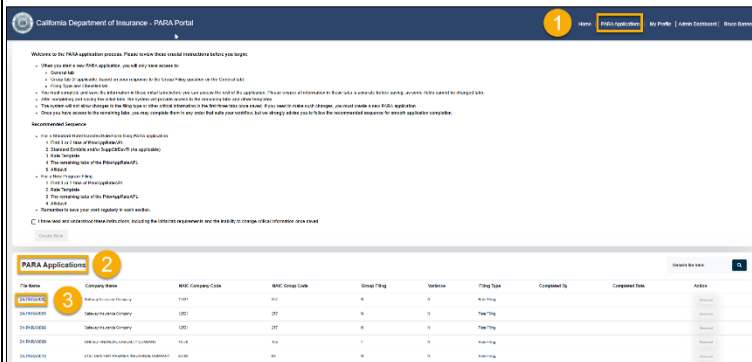


1. **Forgot Password** Click on 'Forgot password?' button
2. **Email** Type in the email address used during registration to get the reset password link in your inbox.
3. Click on **Send**

7. Update or modify an existing PARA

Description:

To update or modify an existing application, please follow the steps mentioned below.



California Department of Insurance - PARA Portal

Welcome to the PARA application process. Please review these critical instructions before you begin:

- When you make a new PARA application, you will not have access to:
 - Completed
 - Cancelled
 - On Hold
- Once you have completed the application, you will have access to the following:
 - Completed
 - Cancelled
 - On Hold
- After completing your application, you will receive an email notification from the system. Please check your email for the status of your application. If you have not received an email, please check your spam folder.
- The system will not allow changes to the application after the application has been submitted. If you need to make a change, you must create a new PARA application.
- Only the link to the application is provided. You may complete the application at any time, but you must follow the recommended sequence to avoid application completion.

Recommended Sequence:

1. Fill in the information on the PARA application.
2. Check the application and Submit Data for the application.
3. Check the application.
4. The working state of the PARA application.
5. Check the application.
6. Check the application.
7. Check the application.
8. Check the application.
9. Check the application.
10. Check the application.

Remember to save your work regularly to avoid losing it.

☐ Please read and understand these instructions, including the critical requirements and the ability to change critical information once saved.

Click Here

PARA Applications

File Name	Company Name	MISC Company Code	MISC Group Code	Group Title	Version	File Type	Completed On	Completed Date	Action
20170101	California Insurance Company	1001	1001	10	10	File Type			Download
20170101	California Insurance Company	1001	1001	10	10	File Type			Download
20170101	California Insurance Company	1001	1001	10	10	File Type			Download
20170101	California Insurance Company	1001	1001	10	10	File Type			Download
20170101	California Insurance Company	1001	1001	10	10	File Type			Download

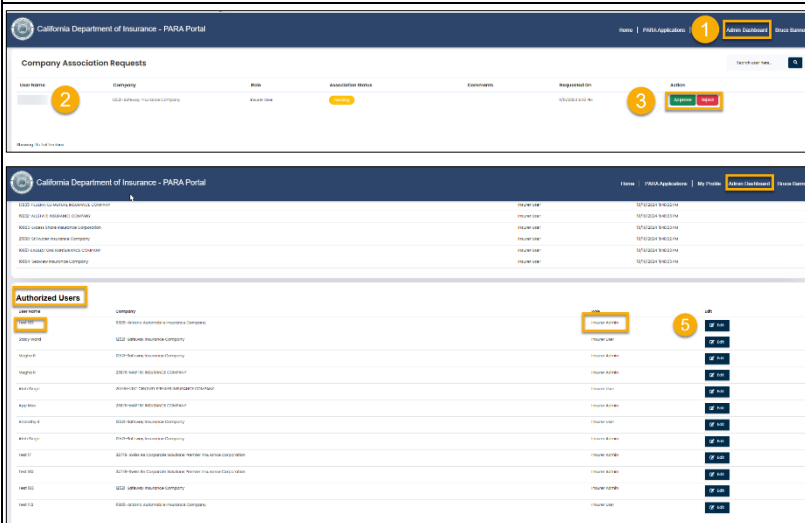
1. Navigate to the 'PARA Applications' screen
2. Scroll to the bottom to view your in-progress applications
3. Click on the file name of the application which is to be modified
4. Open the application and begin any modification or updates to the form.

Modify PARA Video Tutorial: [ModifyAnExistingPARAApplication.mp4](#)

8. Admin Dashboard

Description:

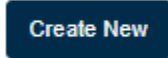
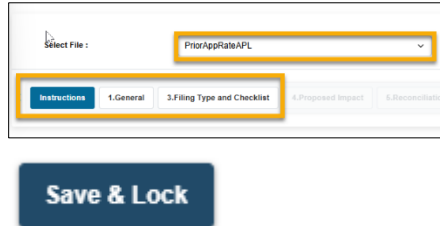
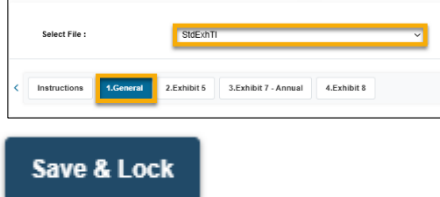
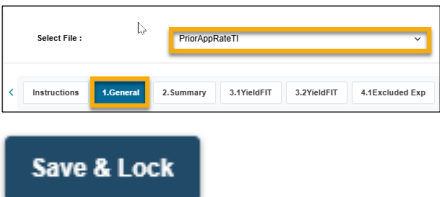
This is a high-level dashboard for the Admin to approve/ reject any Company association requests sent by the Insurer user. This action can be performed only by the Admin role.


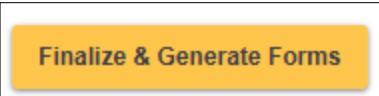


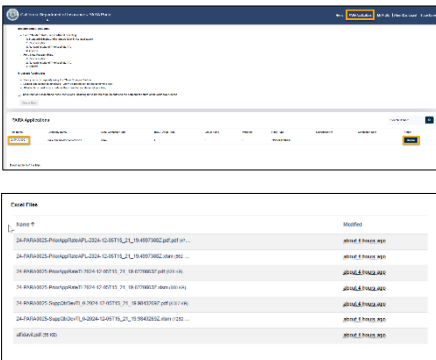
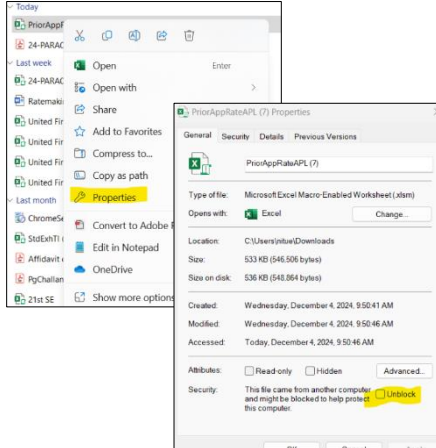
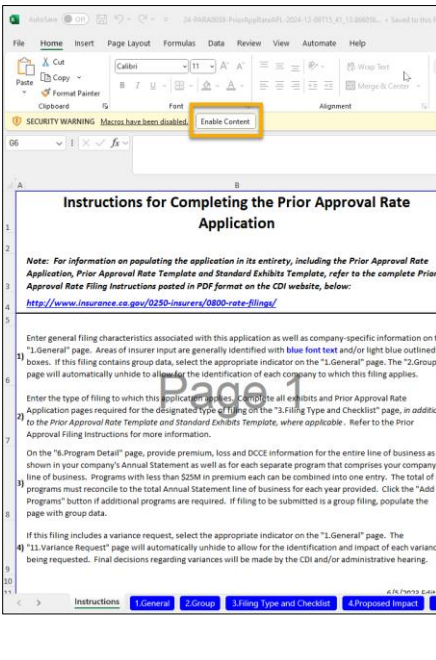
1. **Admin Dashboard** Click on Admin Dashboard on the top banner to arrive at this page.
2. **Select the user** who needs to be provided the required permissions.
3. **Choose 'Approve' or 'Reject'** by selecting the appropriate option button.
4. The user will receive an email notification about the decision.
5. **Update** any employees' permissions by scrolling down to 'My Employees' section and clicking on edit.


4. Recommended Steps for Filling an Application on the PARA Portal

This section is to help users understand the best recommended order of filling the application form pages to ensure the information is accurately documented.

Step	Description	Screenshots
1	<p>Form filling step 1: To begin creation of new application go to 'PARA Applications' and read the instructions. Acknowledge by clicking on the checkbox and then the 'Create New' button is enabled. Select the relevant form from the dropdown list to proceed with the next step in the application process.</p> <p>Create New Video: CreateNewPARA.mp4</p>	
2	<p>Form filing step 2: Select the Prior Approval Rate Application form and complete the first 3 pages of the application after reading the instructions.</p> <ul style="list-style-type: none"> • General • Group (if applicable) • Filing Type and Checklist <p>After completing these initial 3 pages, click the "Save & Lock" button. Users will be prompted to complete the General page under Standard Exhibit form.</p>	
3	<p>Form filing step 3: Select the Standard Exhibit form and complete the General page of the application after reading the instructions. After completing this page, click the "Save & Lock" button. Users will be prompted to complete the General page under Prior Approval Rate Template form.</p>	
4	<p>Form filing step 4: Select the Prior Approval Rate Template page and complete the General page of the application after reading the instructions. After completing all these initial tabs, click the "Save & Lock" button. Users will see a confirmation message - please review it carefully. Clicking "Yes" will lock all these pages and they cannot be edited later. If</p>	

	you need to make changes after saving and locking, you must create a new PARA.	
5	Form filing step 5: After the above 3 steps #2, #3 and #4 are completed, begin filling the remaining pages starting with tabs under Standard Exhibit , then Prior Approval Rate Template and finally Prior Approval Rate Application . Once all pages are completed, save the changes by clicking on the Save Changes button.	
6	<p>Save the application: Please save the form regularly using the Save Changes button on the top right corner to ensure no form updates are lost. Auto-save functionality is NOT available, and the user needs to manually save the changes while filling in the form. Saving will not be submitted to the form, so ensure you save the updates regularly.</p> <p>Save changes video: CreateNewPARA.mp4</p>	
7	<p>Finalize and Generate Forms: Once all the pages of all forms are completed and reviewed, then click on Finalize and Generate Forms button. The system runs the check on all the forms and lists out the error messages or any incomplete data. If no error messages are detected, then all pages are locked, and an excel file will be generated with all the application data.</p> <p>Finalize and Generate Forms Video Tutorial: FinalizeandGeneratePARAFinal.mp4</p>	

8	<p>Excel File Download: Once the PARA is completed, click on the 'PARA Applications' on the top blue banner. Scroll down to the 'PARA Applications' at the bottom of the page and click on 'Download' button under Action column corresponding to the PARA application. The file will be downloaded in Excel format. Please note that the Download option is available only after Finalize and Generate process is completed without any errors.</p> <p>Download Video Tutorial: Download PARA.mp4</p>	
9	<p>Unblock Excel: To use the generated, excel file with all the accurate data and calculations, please follow the steps below to unblock the excel:</p> <ol style="list-style-type: none"> 1. Right click on the excel file and click on 'Properties'. 2. Select the 'Unblock' check box and click 'Apply' <p>Unblock Excel Video Tutorial: Download PARA.mp4</p>	
10	<p>Enable Content: After unblocking the excel, please follow the steps below to enable the excel with macros and ensure all the data is accurately populated.</p> <ol style="list-style-type: none"> 1. Double click on the downloaded excel and open the file. 2. There will be a security warning sign that appears on the top of the excel stating 'Macros have been disabled'. To enable the macros and to populate all the data, click on the 'Enable Content' button. 3. Save the file. <p>Enable Content Video Tutorial: Download PARA.mp4</p>	

11	<p>PDF Download: To convert the excel to PDF format, upload the unblocked and content enabled excel to the PARA Portal. The PDF file will be generated and will be available in the list of download files.</p> <p>PDF Download Video Tutorial: Download PARA.mp4</p>	
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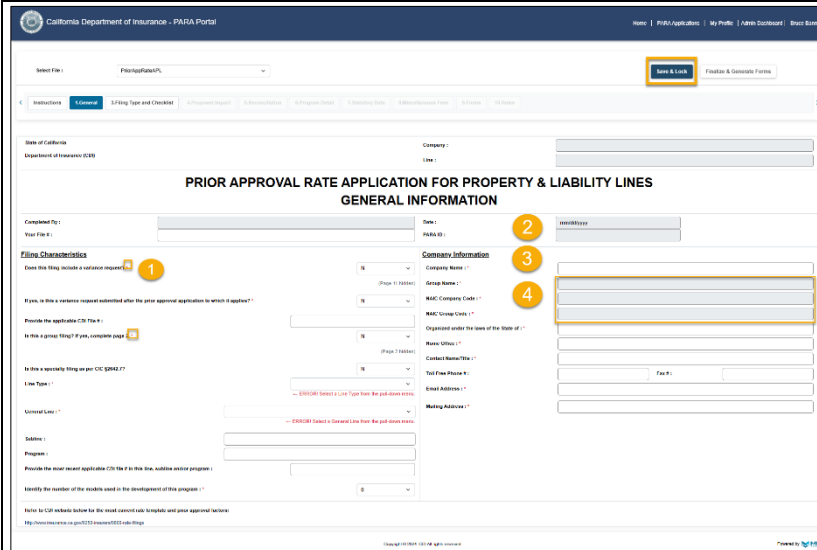
5. Online Forms

PARA Rate Application

1. General Information

Description:

This is the first page of Prior Approval Rate Application. This page specifies certain general filing characteristics, including, but not limited to, the line of insurance, subline and program for which the filing is being submitted, as well as company specific information.



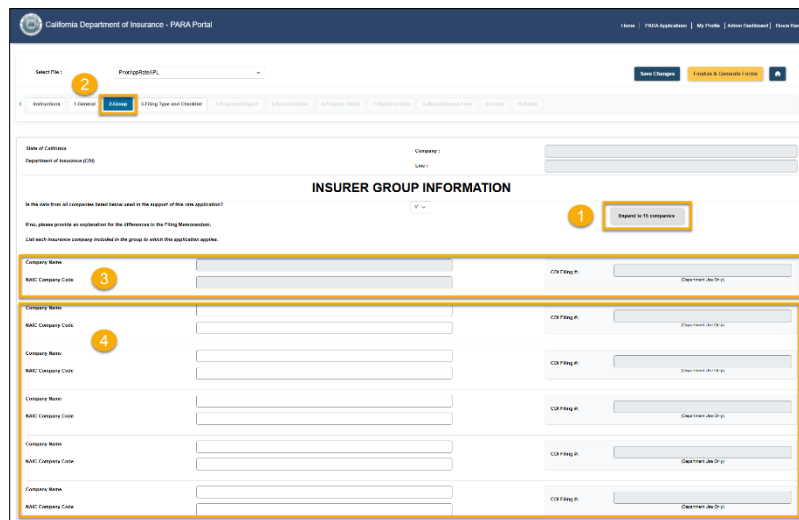
Key Points

- Required Fields:** when a field has an asterisk* next to it, it means it is a required field and needs to be completed. The system will flag incomplete required fields upon saving.
- Date** when the application is filed, Date field will get automatically filled with the data when the completed form is downloaded
- Company Name**, the options in this are based on the company associated with the user. If the company name is not in the list, please associate your profile with the company first using the Profile page.
- The Group Name, NAIC Company code, NAIC Group code are automatically filed.

2. Group Filing

Description:

This page applies to affiliated companies within an insurer group and is hidden from view unless the filing includes group data, as indicated on 'General' page of the Application. This must be completed for a PARA group filing. Each company to which the Application applies must be identified on this page.



California Department of Insurance - PARA Portal

Select File: Save Changes Export to 15 companies

Instructions | General | **Submit** | Filing Type and Checklist | Proposed Rates | Informational | Endorsement Data | Miscellaneous Data | Renewal | History

State of California: Company:

INSURER GROUP INFORMATION

Is the data from all companies listed below used in the support of this rate application?

If you please provide an explanation for the difference in the Filing Mechanism.

List each insurance company included in the group to which this application applies.

Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		
Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		
Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		
Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		
Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		
Company Name	<input type="text"/>	CDR Filing #	<input type="text" value="Department (See 10-2)"/>
NAIC Company Code	<input type="text"/>		

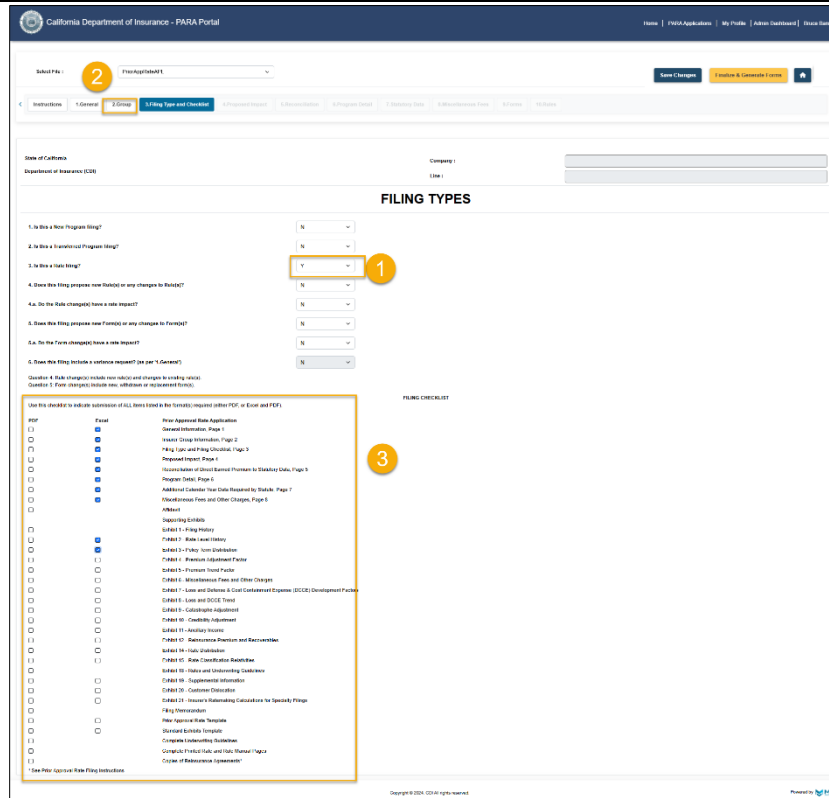
Key Points

1. Total of 15 companies can be entered.
2. The Group tab will only show when the "Is this a Group Filing" is selected Y on the General tab.
3. Only the first Company will be auto populated from the General Tab Company Name
4. All other fields are user populated on this form

3. Filing Type and Checklist

Description:

Each insurer must identify the type of filing in the Filing Type section on this page of the Application. The PARA Portal can be used to create a PARA filing for New Program, Form, Rule, Transferred Program, or Rate (without variance),



California Department of Insurance - PARA Portal

Home | PARA Applications | My Profile | Admin Dashboard | Home Status

Submit File: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

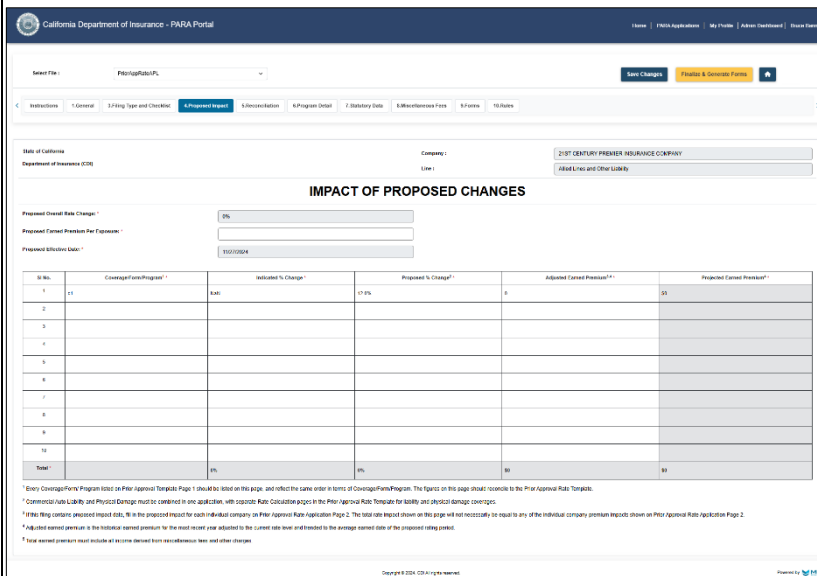
Key Points

1. At least one selection must be Y on this page.
2. If Group filing is selected as Y, then the second tab '2. Group' appears.
3. Select all the applicable files to be submitted along with the application in the provided files checklist at the bottom of this page.

4. Impact of Proposed Changes

Description:

This page of the Application must be completed for every filing identified as having a rate impact. The earned premium must include all income derived from miscellaneous fees and other charges



California Department of Insurance - PARA Portal

Save File: PRC1000000000

Save Changes | Preview & Generate Forms

Instructions | 1. General | 2. Filing Type and Checklist | 3. **Current Rates** | 4. Discontinuation | 5. Program Detail | 6. Statutory Data | 7. Miscellaneous Fees | 8. Forms | 9. Rules

State of California | Company: 21ST CENTURY PREMIER INSURANCE COMPANY
Department of Insurance (DOI) | Line: Admitted Lines and Other Lines

IMPACT OF PROPOSED CHANGES

Proposed Overall Rate Change: 8%

Proposed Current Premium Per Exposure: \$0.00

Proposed Effective Date: 10/01/2024

Line	Coverage/Line/Program	Indicated % Change	Proposed % Change	Adjusted Earned Premium	Projected Earned Premium
1	1	8.0%	17.0%	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12	Total	8%	8%	0	0

Enter Coverage/Line/Program from Prior Approval Template Page 1 should be listed on this page, and reflect the same order in terms of Coverage/Line/Program. The Agency on this page should reconcile to the Prior Approval Rate Template.

Commercial Auto Liability and Physical Damage must be combined in one application, with separate Rate Calculation pages in the Prior Approval Rate Template for liability and physical damage coverages.

Enter the filing contents (proposed impact data, etc.) in the proposed impact for each individual company on Prior Approval Rate Application Page 2. The total rate impact shown on this page will not necessarily be equal to any of the individual company premium impacts shown on Prior Approval Rate Application Page 2.

Adjusted earned premium is the historical earned premium for the most recent year adjusted to the current rate level and rounded to the average earned date of the proposed rating period.

Total earned premium must include all income derived from miscellaneous fees and other charges.

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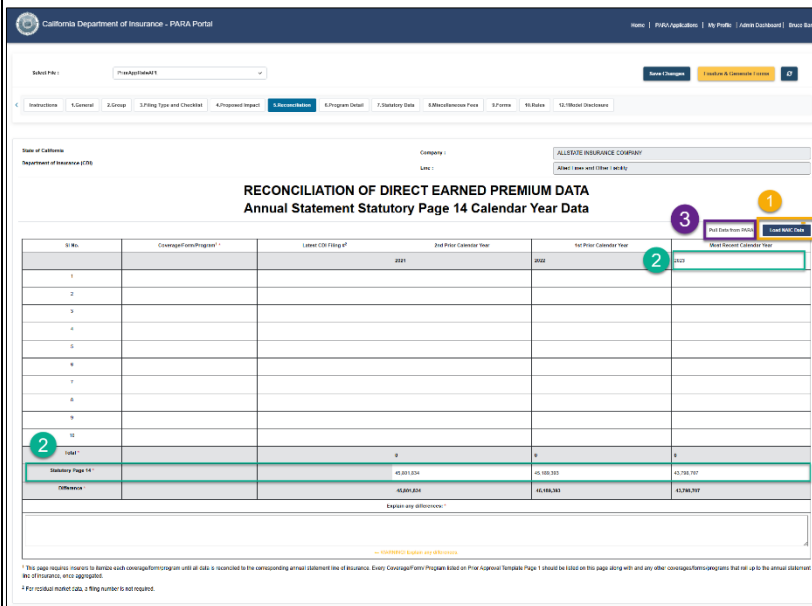
Key Points

1. This tab is completely auto populated from the Rate Template Summary Page.
2. User will not have any data entry on this page

5. Reconciliation of Direct Earned Premium Data

Description:

In this page of the Application, the insurer must provide calendar year direct earned premium data and itemize the data for each program until all data is reconciled to the corresponding Annual Statement line of insurance. This page requires insurers to itemize each Coverage/Form/Program until all data is reconciled to the corresponding annual statement line of insurance.



Key Points

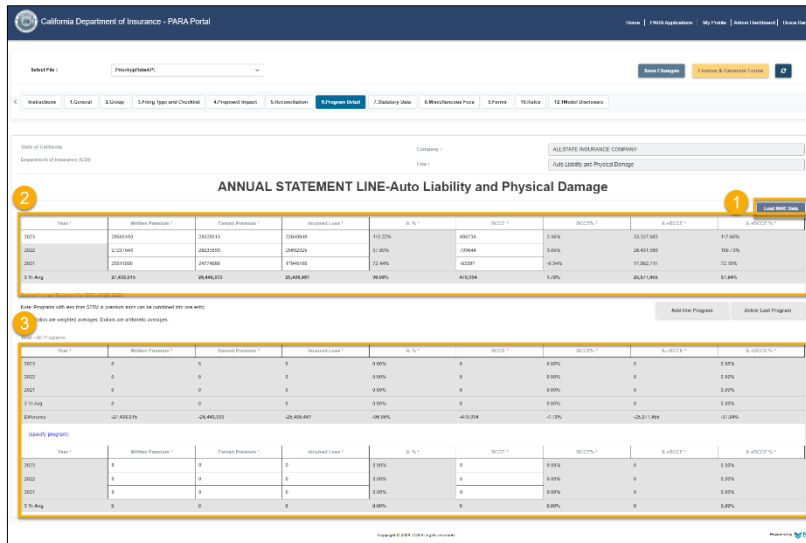
1. Click on "**Load NAIC Data**" to extract and load relevant information from the external NAIC I-site Annual Statements, for this filing based on the information provided in other tabs
2. **NAIC data** will populate the **Most Recent Calendar Year** and **Statutory Page 14**
3. Once NAIC data is populated user will click on "**Pull Data from PARA**"
4. This will auto populate all the remaining fields on this form. The source will be **StdExh5** form
5. User will be able to overwrite the auto populated data from

Load NAIC/ Load from other PARA Video Tutorial:
[LoadNAICandPullDatafromPARA.mp4](#)

6. Program Detail

Description:

Any insurer submitting a filing for a subset of their entire line of must complete this page of the Application by providing premium, loss and DCCE information for the entire line of business as shown in that insurer's Annual Statement as well as for each separate form/program that comprises the insurer's line of business. If the Application to be submitted is a group filing, the insurer must populate this page for the group.



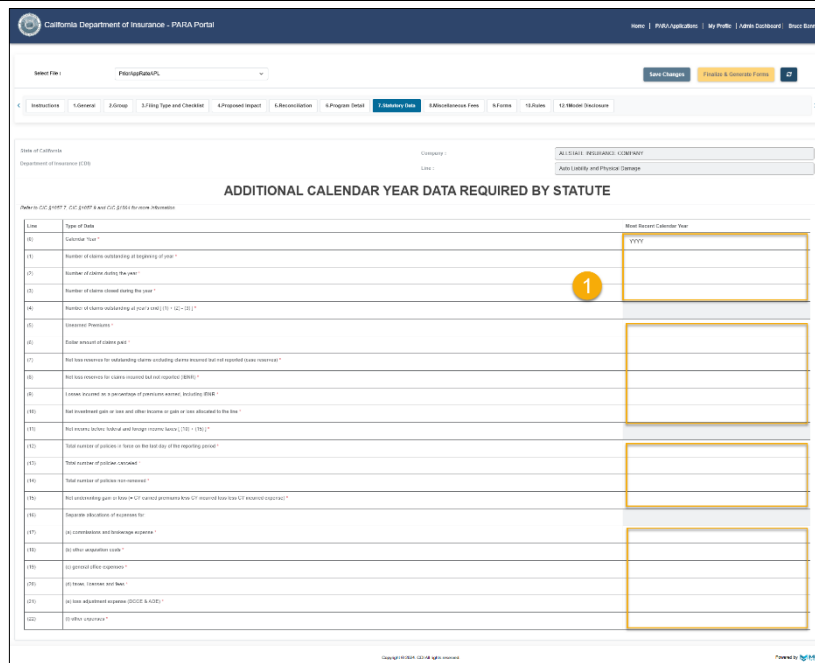
Key Points

1. Click on "Load NAIC Data" to extract and load relevant information from the external NAIC I-site Annual Statements, for this filing based on the information provided in other tabs
2. The 1st table is auto populated, and the grayed-out fields are automatically calculated
3. All other tables are user populated

7. Additional Calendar Year Data Required by Statute

Description:

Data requested on this page of the Application must be provided for the most recent calendar year. The data provided must correspond to the program to which it applies and need not necessarily reflect the total Annual Statement line of insurance data.



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Select File:

Navigation: [Home](#) | [PADA Application](#) | [My Profile](#) | [Admin Dashboard](#) | [About Us](#)

Navigation: [1. Introduction](#) | [2. General](#) | [3. Billing Type and Checklist](#) | [4. Program Impact](#) | [5. Reconciliation](#) | [6. Program Detail](#) | [7. Insurance Data](#) | [8. Miscellaneous Fees](#) | [9. Rates](#) | [10. Rates](#) | [11. Member Statement](#)

State of California: Company:
 Department of Insurance (DOI): Line:

ADDITIONAL CALENDAR YEAR DATA REQUIRED BY STATUTE

Review CIP 2017-7, CIP 2017-8 and CIP 2018-1 for more information.

Line	Type of Data	Most Recent Calendar Year
10	Calendar Year *	YYYY
11	Number of claims outstanding at beginning of year *	
12	Number of claims during the year *	
13	Number of claims closed during the year *	
14	Number of claims outstanding at year's end (11) - (12) + (13) *	
15	Expense Premiums *	
16	Ratio amount of claims paid *	
17	Not true response for outstanding claims including claims incurred but not reported claims response *	
18	Not true response for claims incurred but not reported (IBNR) *	
19	Claims incurred on a combination of previous years, including IBNR *	
20	Not true response for gain or loss and other income or gain or loss allocated to the line *	
21	Not income before federal and foreign income taxes (21) + (22) *	
22	Total number of policies in force on the last day of the reporting period *	
23	Total number of policies renewed *	
24	Total number of policies non-renewed *	
25	Not understanding gain or loss (25) earned premiums less (25) required rate less (25) required expense *	
26	Expense allocation of expenses for *	
27	(a) contribution and brokerage expense *	
28	(b) other acquisition costs *	
29	(c) general office expense *	
30	(d) travel, telephone and fax *	
31	(e) non-adjustment expense (DOCS & ADOS) *	
32	(f) other expenses *	

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Key Points

1. All the fields are user populated on this form.
2. The grayed-out fields are calculated automatically based on the entered data

8. Miscellaneous Fees and Other Charges

Description:

This page of the Application requires that each insurer disclose all fees and the amounts charged to individual policies for new and renewal business. These fees and charges may be categorized as miscellaneous fees and other charges or ancillary income.

California Department of Insurance - PARA Portal

Home | PRIOR Application | My Profile | Admin Dashboard | Basic Banner

Select File: Save Changes Print & Connect Forms

Instructions | 1. General | 2. Group | 3. Policy Type and Checklist | 4. Proposed Impact | 5. Reconciliation | 6. Program Detail | 7. Statutory Data | **8. Miscellaneous Fees** | 9. Forms | 10. Rates | 11. Model Disclosure

State of California Company: ALLSTATE INSURANCE COMPANY
Department of Insurance (DOI) Line: Auto Liability and Physical Damage

MISCELLANEOUS FEES AND OTHER CHARGES


Check all fees that apply and identify the current amount charged for each transaction.
Fees that apply to this program: [Click here](#)

If changes to fees are being proposed in this application, check here: ☐ (If new fees apply, apply to select the check box indicating that you have applied)

Note: If new application to this program is not available in the insurer's policy rule page.

	Miscellaneous Fees		Ancillary Income	
	New Business	Renewal Business	New Business	Renewal Business
First Expense Fee/Commission				
Policy Fee				
Interim Fee (and ID)				
Renewal Fee				
Insurance Fee				
Consolidation Fee				
Reinstatement Fee				
Late Fee				
SR-22				
Other Fees (specify below)				
Fee 1				
Fee 2				
Fee 3				
Fee 4				
Assignment Fee (Transfer of Policy)				
Loan - Sufficient Policy/ID Fee				
Membership Fee				
Provisional Finance Revenue				
Other Fees (specify below)				
Fee 1				
Fee 2				
Fee 3				
Fee 4				

Use Exhibit 8 if additional space is needed to explain fees not listed above.

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Key Points

This form is completely user populated

9. Forms

Description:

This page of the Application requires that each insurer identify each form by title and form number, type and source of the form, and by the applicable rule or page number. The insurer must indicate whether this is a new, replacement or withdrawn form and indicate whether the form broadens or restricts coverage

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Home | PRIOR Application | My Profile | Admin Dashboard | About Us

Select File: Save Changes Previous & Complete Forms

1 Instructions 2 General 3 Group 4 Filing Type and Checklist 5 Proposed Impact 6 Recommendation 7 Program Detail 8 Statutory Data 9 Withdrawn Forms 10 Status 11 Manual Disclosure

State of California Company: ALLSTATE REINSURANCE COMPANY
Department of Insurance (DOI) Line: Auto Liability and Physical Damage

Forms

Add Form Withdraw Last Form Revert Form

Legend of Response Codes

Type Code	Source Code	Category Code
(1) Application	(1) Insurance Services Office (ISO)	(1) New, mandatory
(2) Amendment	(2) Other Insurer (Optional)	(2) New, optional (broadened)
(3) Policy	(3) Company	(3) New, optional (restricted)
(4) Other (describe in box below)	(4) Other (describe in box below)	(4) Replacement, mandatory
		(5) Replacement, optional (broadened)
		(6) Replacement, optional (restricted)
		(7) Withdrawn, mandatory
		(8) Withdrawn, optional (broadened)
		(9) Withdrawn, optional (restricted)
		(10) Other (describe in box below)

Application - refers to forms that the insurer attaches to all policies.
Options - restricted - refers to forms that the insurer wishes be attached to some policies.
Options - restricted - refers to forms that the insurer wishes be attached to some policies.

Application Form	Type	Source	Category	Coverage Change Vehicle	Coverage Change Vehicle	Coverage Change Vehicle
#	Title	CDR File #	Category	Restriction?	Broadening?	% Impact
Proposed						
Current						
<p>Explain Replacement/Withdrawal Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p>Reason for Replacement/Withdrawal (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p>Rate Impact Explain why there is or isn't a rate impact.</p> <p>Note If applicable, specify the applicable rule(s), and manual page number(s).</p>						
Proposed						
Current						
<p>Explain Replacement/Withdrawal Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p>Reason for Replacement/Withdrawal (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p>Rate Impact Explain why there is or isn't a rate impact.</p> <p>Note If applicable, specify the applicable rule(s), and manual page number(s).</p>						
Proposed						
Current						
<p>Explain Replacement/Withdrawal Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p>Reason for Replacement/Withdrawal (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p>Rate Impact Explain why there is or isn't a rate impact.</p> <p>Note If applicable, specify the applicable rule(s), and manual page number(s).</p>						
Proposed						
Current						
<p>Explain Replacement/Withdrawal Provide a summary - either item 8 attach, how does it broaden or restrict coverage, and why are you seeking to replace or amend it.</p> <p>Reason for Replacement/Withdrawal (Factor in Change - 1, 2, 3, or description) - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.</p> <p>Rate Impact Explain why there is or isn't a rate impact.</p> <p>Note If applicable, specify the applicable rule(s), and manual page number(s).</p>						

1. If Source selected in CDR or Other Insurer (Optional) provide the CDR File # of the application from which the form is being replaced. If Source selected in Company and Category in Replacement, provide the CDR File # under which the current form is approved.
2. Factor in Change - 1, 2, 3, or description - Any changes or introduction of replacement/withdrawal change must be justified and supported. If additional space is needed, submit a supplemental exhibit.
3. Rate Impact - Explain why there is or isn't a rate impact.
4. Note - If applicable, specify the applicable rule(s), and manual page number(s).

Other (Please provide additional information below the forms indicated on "Other" under Type Code, Source Code, and/or Category Code.)

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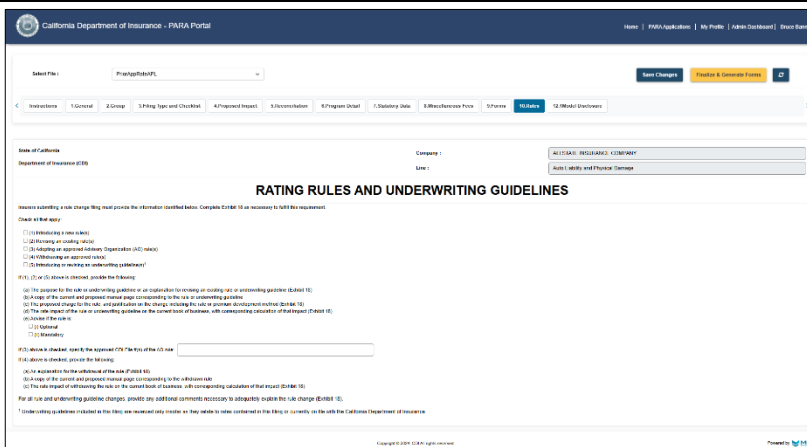
Key Points

1. This form is completely user populated
2. The system can only intake 20 entries
3. If user wants to submit more than 20 entries, they can download the forms and fill as many required outside of the system

10. Rules and Underwriting Guidelines

Description:

This page of the Application must be completed for all rule change filings. In addition to providing an explanation and a copy of the rule, justification of the rate impact to the current book of business must be provided.



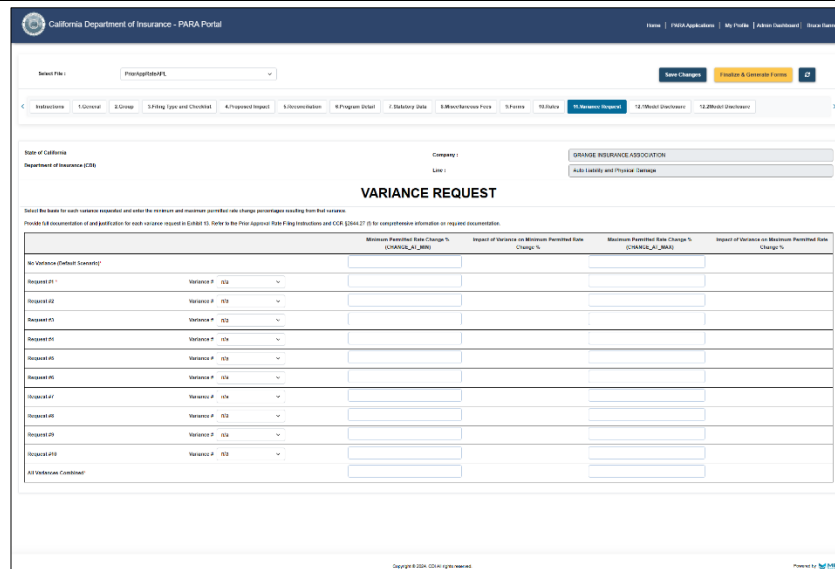
Key Points

This form is completely user populated

11. Variance Request

Description:

This page of the Application is hidden from view unless the filing includes a request for variance, as indicated on 'General' page of the Application. This page must be completed when requesting a variance. Enter the minimum and maximum permitted rate change for the Application without variance. Then, for each variance request, select the basis of the variance from the pull-down menu



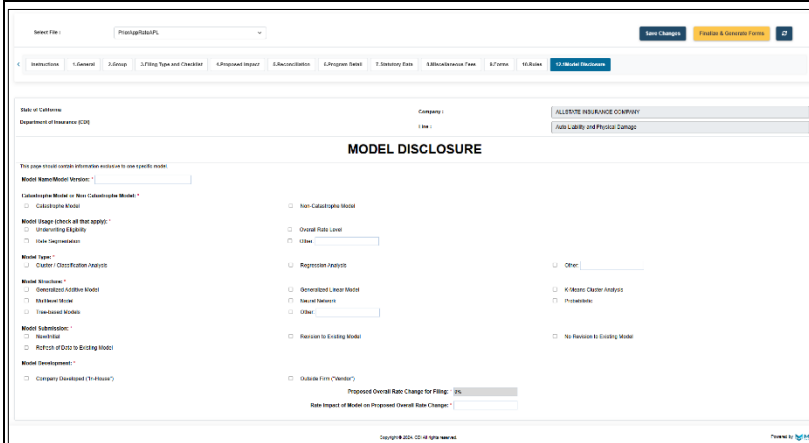
Key Points

1. This form shows up when user selects Y to the variance question on General Tab.
2. User will manually update fields on this form.

12. 12.1 Model Disclosure

Description:

This page of the Application must be completed when a model or models were used in the development of the filed program. Insurers must indicate the number of models used in the development of this program on 'General' page of the Application.



The screenshot shows the 'MODEL DISCLOSURE' form. At the top, there's a 'Select File' dropdown and a 'Print/Save/Cancel' button. Below this is a navigation bar with tabs: 1. General, 2. Group, 3. Filing Type and Checklist, 4. Proposed Impact, 5. Recalculation, 6. Program Detail, 7. Secondary Rate, 8. Miscellaneous Fees, 9. Rates, 10. Rates, 11. Model Disclosure (selected). The form includes fields for 'State of California' and 'Company' (ALLSTATE INSURANCE COMPANY). The 'MODEL DISCLOSURE' section has a 'Model Name/Model Version' field and a 'Model Type' dropdown. The 'Model Description' section has a 'Model Description' field and a 'Model Submissions' dropdown. The 'Model Development' section has a 'Model Development' dropdown. At the bottom, there's a 'Proposed Overall Rate Change for Filing' field and a 'Rate Impact of Model on Proposed Overall Rate Change' field.

Key Points

1. This form will only appear when "Identify the number of the models used in the development of this program: *" on the General page is selected not equal to "0".
2. If there are more than 1 models, then multiple model disclosure pages appear with a prefix as shown 12.1, 12.2 etc.
3. This form is completely user populated

Rate Template

1. General Information

Description:

This page specifies certain general filing characteristics common to all coverages, forms or programs contained in the Application.

[illegible]

Key Points

1. Fields displayed in gray are automatically populated and cannot be manually edited. No user input is needed in these fields. To make changes, go to the source.
2. The gray auto-populated fields draw their values from:
 - a. Prior Approval Rate Application (PriorAppRateAPL)
 - b. Standard Exhibit

Important: All source forms must be completed before accessing the Rate Template's General tab to ensure proper auto-population.

3. Fields displayed in white with an asterisk (*) are required and must be completed by the user.

2. Summary

Description:

This page provides a summary of the minimum and maximum permitted earned premium and associated rate change for the filed line and coverages, forms, or programs using the data input by the insurer in subsequent pages of this Rate Template

California Department of Insurance - PARA Portal

Select File: Open Changes Transfer & Generate Forms ?

Instructions | 1. General | **2. Summary** | 3. Rate of TP | 4. Rate of TP | 5. Excluded Exp | 6. CDR Parameters | 7. Rate Change Calculation | 8. Rate Change Calculation

State of California | Company: American Mutual Home Insurance Company
Department of Insurance (DOI) | Line: Allied Lines and Other Liability

PRIOR APPROVAL RATE TEMPLATE FOR PROPERTY & LIABILITY LINES SUMMARY

Coverage/Line/Program	Projected Annual Premium (\$)	Minimum Permitted Current Premium (\$)	Maximum Permitted Current Premium (\$)	Change at Minimum %	Change at Maximum %	Proposed %
10	0			NaN	NaN	10%
11	0			NaN	NaN	10%
Combined	0	0	0	NaN%	NaN%	10%

Combined Total Current Premiums for 1 year term: — Estimated value for combined total projected current premiums corresponding to the total projected premiums.

Coverage/Line/Program	Proposed	Minimum Permitted	Maximum Permitted	Proposed	Proposed
10	0	0	0	0	0
11	0	0	0	0	0
Combined	0	0	0	0	0

Coverage/Line/Program	Projected Annual Premium (\$)	Projected Annual Premium / Loss & RCTP (\$)	Projected Annual Premium / Loss & RCTP Ratio
10	0	0	NaN%
11	0	0	NaN%
Combined	0	0	NaN%

2

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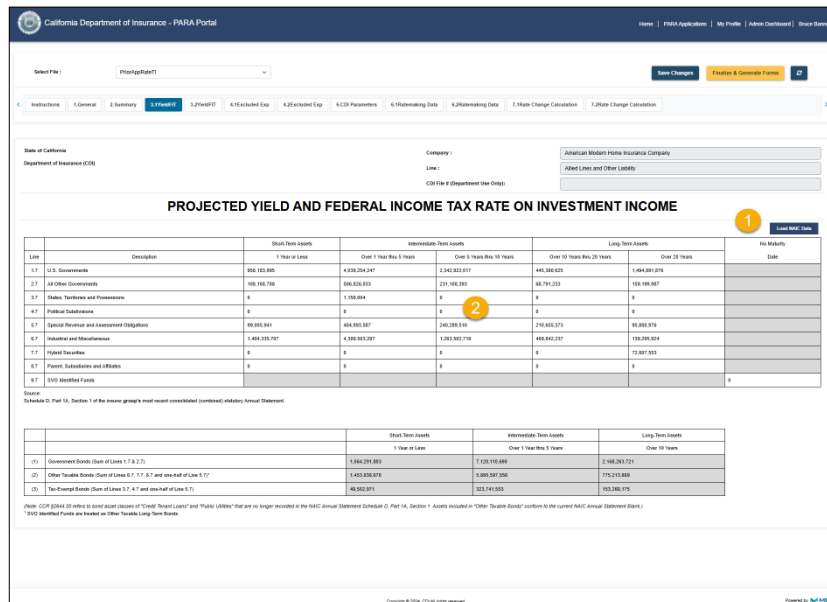
Key Points

1. This form is auto populated and the source for this form is PriorAppRateTI >General and Rate Change Calculation forms
2. Combined Total Earned.... is the only user populated field on this form

3. 3.1Yield FIT – Projected Yield and Federal Income Tax Rate on Investment Income

Description:

This page of the Rate Template provides the calculation of the projected yield and the federal income tax rate on investment income, as specified in CCR §2644.20 and §2644.18. The results of that calculation feed directly to lines 17 and 18 of 'Ratemaking' page of the Rate Template.



Key Points

1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing.
2. User may overwrite NAIC data populated on this form only in the editable non-grayed fields

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

4. 3.2Yield FIT

Description:

This page of the Rate Template is a continuation of the previous page, and it also provides the calculation of the projected yield and the federal income tax rate on investment income

PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME (continued)

	Investment Income	Current Income Rate	Federal Income Tax Rate	Federal Income Tax
1) U.S. Government Bonds	1,000,000,000	0.00%	0.00%	0.00
2) Corporate Bonds	1,000,000,000	0.00%	0.00%	0.00
3) Municipal Bonds	1,000,000,000	0.00%	0.00%	0.00
4) Other Income	1,000,000,000	0.00%	0.00%	0.00
5) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
6) Federal Income Tax	0.00	0.00%	0.00%	0.00
7) State Income Tax	0.00	0.00%	0.00%	0.00
8) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
9) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
10) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
11) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
12) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
13) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
14) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
15) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
16) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
17) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
18) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
19) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
20) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
21) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
22) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
23) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
24) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
25) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
26) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
27) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
28) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
29) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
30) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
31) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
32) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
33) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
34) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
35) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
36) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
37) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
38) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
39) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
40) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
41) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
42) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
43) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
44) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
45) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
46) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
47) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
48) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
49) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
50) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
51) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
52) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
53) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
54) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
55) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
56) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
57) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
58) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
59) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
60) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
61) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
62) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
63) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
64) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
65) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
66) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
67) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
68) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
69) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
70) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
71) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
72) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
73) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
74) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
75) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
76) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
77) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
78) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
79) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
80) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
81) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
82) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
83) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
84) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
85) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
86) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
87) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
88) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
89) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
90) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
91) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
92) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
93) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
94) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
95) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
96) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
97) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00
98) Total Federal and State Income Tax	0.00	0.00%	0.00%	0.00
99) Net Investment Income	4,000,000,000	0.00%	0.00%	0.00
100) Total Investment Income	4,000,000,000	0.00%	0.00%	0.00

Key Points

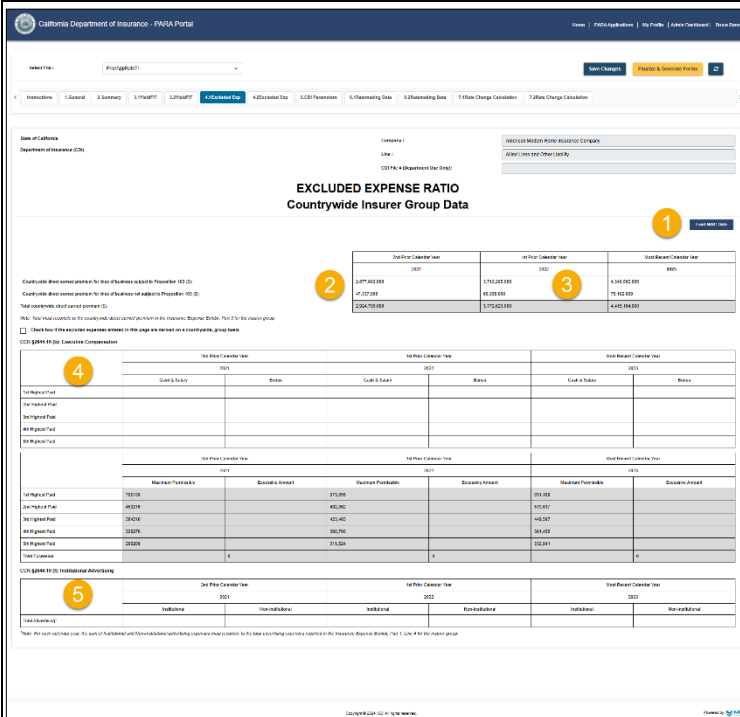
1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing.
2. Any fields not auto populated after loading NAIC data must be manually completed.
3. You may modify any non-gray fields populated with NAIC data.
4. The Month/Year field defaults to the most recent option. You may select a different month/year from the dropdown list if needed.

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

5. 4.1 Excluded Expense Ratio

Description:

This page of the Rate Template provides the calculation of the excluded expense ratio for the insurer group. The definition of "insurer group" must be consistent with that used in the calculation of the projected yield and the federal income tax rate on investment income.



Key Points

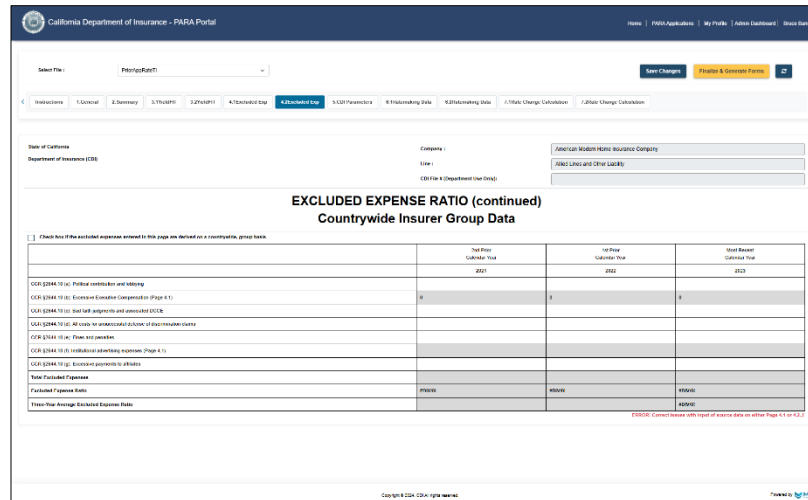
1. Click on the "Load NAIC Data", to extract and load the relevant information from the external NAIC I-site Annual Statements based on the information provided for this filing for Table 1.
2. For Table 1, manually complete any fields that remain empty after loading NAIC data.
3. You may modify any non-gray fields populated with NAIC data.
4. Complete all fields in Table 2 manually.
5. Enter values in the Institutional Advertising table manually. The system will display a warning if values don't match NAIC records, but you may proceed with your entries.

Load NAIC Video Tutorial: [LoadNAICandPullDatafromPARA.mp4](#)

6. 4.2Excluded Expense Ratio

Description:

This page is continuation of the Rate Template, and it also provides the calculation of the excluded expense ratio for the insurer group



Key Points

Except the grayed-out fields, this form is user populated

Load NAIC Video Tutorial:

[LoadNAICandPullDatafromPARA.mp4](#)

Description:

Key Points

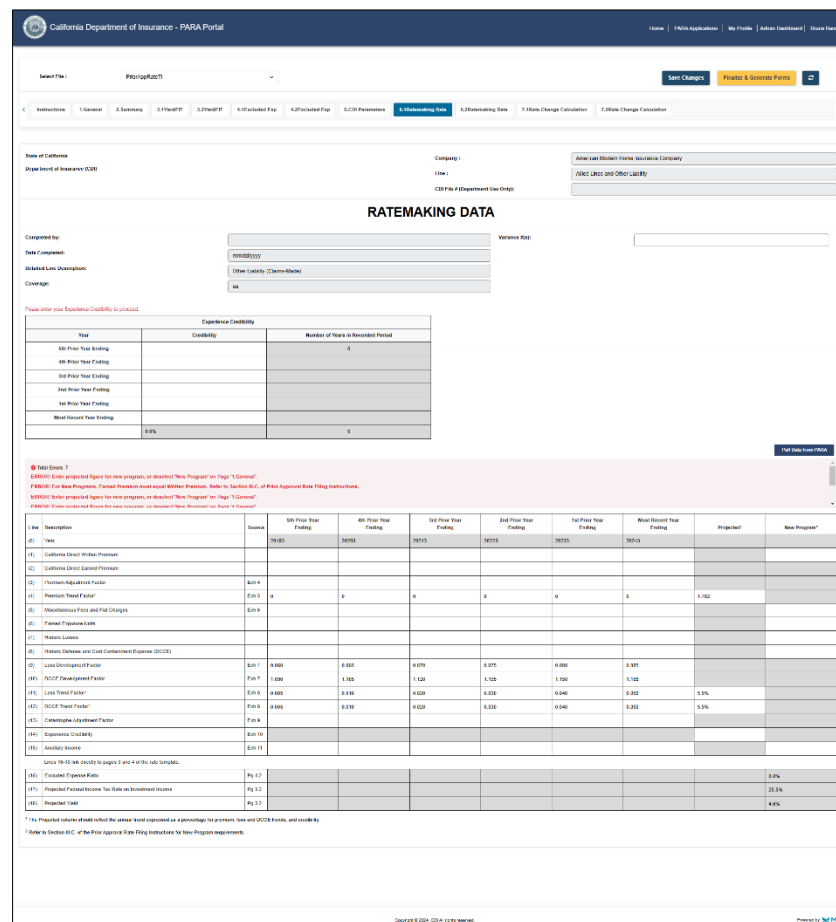
This page is completely auto populated

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8. 6.1Ratemaking Data

Description:

Ratemaking Data of the Rate Template must be completed for all filing types with rate impact. A separate page is available for each coverage, form or program included in this Rate Template



California Department of Insurance - PARA Portal

Selected File: **RateTemplate1**

Instructions | 1.General | 2.Summary | 3.100MPT | 3.200MPT | 4.100MPT | 4.200MPT | 5.100MPT | 5.200MPT | 6.100MPT | 6.200MPT | 7.100MPT | 7.200MPT | 8.100MPT | 8.200MPT | 9.100MPT | 9.200MPT | 10.100MPT | 10.200MPT | 11.100MPT | 11.200MPT | 12.100MPT | 12.200MPT | 13.100MPT | 13.200MPT | 14.100MPT | 14.200MPT | 15.100MPT | 15.200MPT | 16.100MPT | 16.200MPT | 17.100MPT | 17.200MPT | 18.100MPT | 18.200MPT | 19.100MPT | 19.200MPT | 20.100MPT | 20.200MPT | 21.100MPT | 21.200MPT | 22.100MPT | 22.200MPT | 23.100MPT | 23.200MPT | 24.100MPT | 24.200MPT | 25.100MPT | 25.200MPT | 26.100MPT | 26.200MPT | 27.100MPT | 27.200MPT | 28.100MPT | 28.200MPT | 29.100MPT | 29.200MPT | 30.100MPT | 30.200MPT | 31.100MPT | 31.200MPT | 32.100MPT | 32.200MPT | 33.100MPT | 33.200MPT | 34.100MPT | 34.200MPT | 35.100MPT | 35.200MPT | 36.100MPT | 36.200MPT | 37.100MPT | 37.200MPT | 38.100MPT | 38.200MPT | 39.100MPT | 39.200MPT | 40.100MPT | 40.200MPT | 41.100MPT | 41.200MPT | 42.100MPT | 42.200MPT | 43.100MPT | 43.200MPT | 44.100MPT | 44.200MPT | 45.100MPT | 45.200MPT | 46.100MPT | 46.200MPT | 47.100MPT | 47.200MPT | 48.100MPT | 48.200MPT | 49.100MPT | 49.200MPT | 50.100MPT | 50.200MPT | 51.100MPT | 51.200MPT | 52.100MPT | 52.200MPT | 53.100MPT | 53.200MPT | 54.100MPT | 54.200MPT | 55.100MPT | 55.200MPT | 56.100MPT | 56.200MPT | 57.100MPT | 57.200MPT | 58.100MPT | 58.200MPT | 59.100MPT | 59.200MPT | 60.100MPT | 60.200MPT | 61.100MPT | 61.200MPT | 62.100MPT | 62.200MPT | 63.100MPT | 63.200MPT | 64.100MPT | 64.200MPT | 65.100MPT | 65.200MPT | 66.100MPT | 66.200MPT | 67.100MPT | 67.200MPT | 68.100MPT | 68.200MPT | 69.100MPT | 69.200MPT | 70.100MPT | 70.200MPT | 71.100MPT | 71.200MPT | 72.100MPT | 72.200MPT | 73.100MPT | 73.200MPT | 74.100MPT | 74.200MPT | 75.100MPT | 75.200MPT | 76.100MPT | 76.200MPT | 77.100MPT | 77.200MPT | 78.100MPT | 78.200MPT | 79.100MPT | 79.200MPT | 80.100MPT | 80.200MPT | 81.100MPT | 81.200MPT | 82.100MPT | 82.200MPT | 83.100MPT | 83.200MPT | 84.100MPT | 84.200MPT | 85.100MPT | 85.200MPT | 86.100MPT | 86.200MPT | 87.100MPT | 87.200MPT | 88.100MPT | 88.200MPT | 89.100MPT | 89.200MPT | 90.100MPT | 90.200MPT | 91.100MPT | 91.200MPT | 92.100MPT | 92.200MPT | 93.100MPT | 93.200MPT | 94.100MPT | 94.200MPT | 95.100MPT | 95.200MPT | 96.100MPT | 96.200MPT | 97.100MPT | 97.200MPT | 98.100MPT | 98.200MPT | 99.100MPT | 99.200MPT | 100.100MPT | 100.200MPT

RATEMAKING DATA

Completed by: Variation:

Date Completed:

Effective Date:

Coverage:

Experience Creditability

Year	Creditability	Number of Years in Reported Period
5th Prior Year Ending		5
4th Prior Year Ending		
3rd Prior Year Ending		
2nd Prior Year Ending		
1st Prior Year Ending		
Most Recent Year Ending	0.0%	5

Table 1: Rate Data

Line	Description	Source	5th Prior Year Ending	4th Prior Year Ending	3rd Prior Year Ending	2nd Prior Year Ending	1st Prior Year Ending	Most Recent Year Ending	Projected ¹	New Program ²
1	Year	2015	2015	2015	2015	2015	2015	2015		
2	California Direct Written Premium									
3	California Direct Earned Premium									
4	Unearned Premium Reserve	60.0								
5	Premium Trend Factor	100.0	9	9	9	9	9	9	1.02	
6	Unearned Premium Reserve and Paid Charges	60.0								
7	Unearned Premium Reserve									
8	Unearned Premium Reserve									
9	Unearned Premium Reserve									
10	Unearned Premium Reserve									
11	Unearned Premium Reserve									
12	Unearned Premium Reserve									
13	Unearned Premium Reserve									
14	Unearned Premium Reserve									
15	Unearned Premium Reserve									
16	Unearned Premium Reserve									
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94	Unearned Premium Reserve									
95	Unearned Premium Reserve									
96	Unearned Premium Reserve									
97	Unearned Premium Reserve									
98	Unearned Premium Reserve									
99	Unearned Premium Reserve									
100	Unearned Premium Reserve									

¹ The Projected column should reflect the annual trend expressed as a percentage for premium, loss and OCCB trends and credits.

² Refer to Section 10.1 of the Prior Approval Rate Filing Instructions for New Program requirements.

Key Points

1. This page is auto populated from StdExh form for most of the fields
2. User will have the access to overwrite the data that are auto populated from different PARA forms

Load NAIC/ Load from other PARA Video Tutorial:

[LoadNAICandPullDatafromPARA.mp4](#)

9. 6.2Ratemaking Data

Description:

This is continuation of Ratemaking Data of the Rate Template, and it must be completed for all filing types with rate impact. A separate page is available for each coverage, form or program included in this Rate Template

California Department of Insurance - PARA Portal

Home | PRIOR Applications | My Profile | Admin Dashboard | Quick Banner

Select File: Save Changes Print & Generate Forms 42

Instructions | 1.General | 2.Summary | 3.FINANCIAL | 3.1FINANCIAL | 4.FINANCIAL | 4.1FINANCIAL | 4.2FINANCIAL | 5.CORPORATE | 6.HANDWRITING DATA | **6.RATEMAKING DATA** | 7.RATE CHANGE CALCULATION | 7.1RATE CHANGE CALCULATION

State of California
Department of Insurance (DOI)

Company: American Modern Home Insurance Company
Line: Allot Lines and Other Lines
CEN File # (Department Use Only)

RATEMAKING DATA

Completed By: Version: 001
Date Completed:
Detailed Line Description:
Coverage:

Please enter your Experience Creditability to proceed.

Year	Creditability	Number of Years in Reported Period
5th Prior Year Ending		5
4th Prior Year Ending		
3rd Prior Year Ending		
2nd Prior Year Ending		
1st Prior Year Ending		
Most Recent Year Ending	0.0%	0

Rate Sheet 1

FOR NEW: Enter proposed rates for new programs, or describe "New Program" on Page 7 General.
 REVISION: For New Programs, Revised Premiums must include Minimum Values. Refer to Section 6.2. of Prior Approval Rate Filing Instructions.
 REVISION: Enter proposed rates for new programs, or describe "New Program" on Page 7 General.
 REVISION: Enter proposed rates for new programs, or describe "New Program" on Page 7 General.

Line	Description	Start	5th Prior Year Ending	4th Prior Year Ending	3rd Prior Year Ending	2nd Prior Year Ending	1st Prior Year Ending	Most Recent Year Ending	Proposed	New Program
(1)	Year		2012	2013	2013	2013	2013	2014		
(1)	California Direct Written Premium									
(2)	California Direct Earned Premium									
(3)	Premium Adjustment Factor	Std 4								
(4)	Recovery Fund Factor	Std 5								
(5)	Marketplace Fees and Paid Charges	Std 6								
(6)	Market Exposure Ratio									
(7)	Market Losses									
(8)	Market Losses and Cost Combination Factor (MCCF)									
(9)	Loss Development Factor	Std 7								
(10)	DOCB Development Factor	Std 11								
(11)	Loss Trend Factor	Std 8								
(12)	DOCB Trend Factor	Std 9								
(13)	Combined Adjustment Factor	Std 10								
(14)	Experience Creditability	Std 10								
(15)	Market Income	Std 11								
Lines 16-18 link directly to pages 3 and 4 of the rate template.										
(16)	Proposed Premium Ratio	Std 12							0.0%	
(17)	Proposed Premium Ratio for New Programs	Std 12							10.0%	
(18)	Proposed Rate	Std 12							4.0%	

The Proposed values should reflect the annualized amount expressed as a percentage for premium, loss and DOCB trends and creditability.
 Refer to Section 6.2. of the Prior Approval Rate Filing Instructions for New Program requirements.

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Key Points

1. This page is auto populated from StdExh form for most of the fields
2. User will have the access to overwrite the data that are auto populated from different PARA forms

10. 7.1Rate Change Calculation

Description:

This page calculates the minimum and maximum permitted rate changes for the filed line and each coverage, form or program included in this Rate Template, using the data input by the insurer in previous pages of this same template

[illegible]

Key Points

This form is auto populated from Ratemaking tab and is locked in for the edits.

11. 7.2Rate Change Calculation

Description:

This page calculates the minimum and maximum permitted rate changes for the filed line and each coverage, form or program included in this Rate Template, using the data input by the insurer in previous pages of this same template

[illegible]

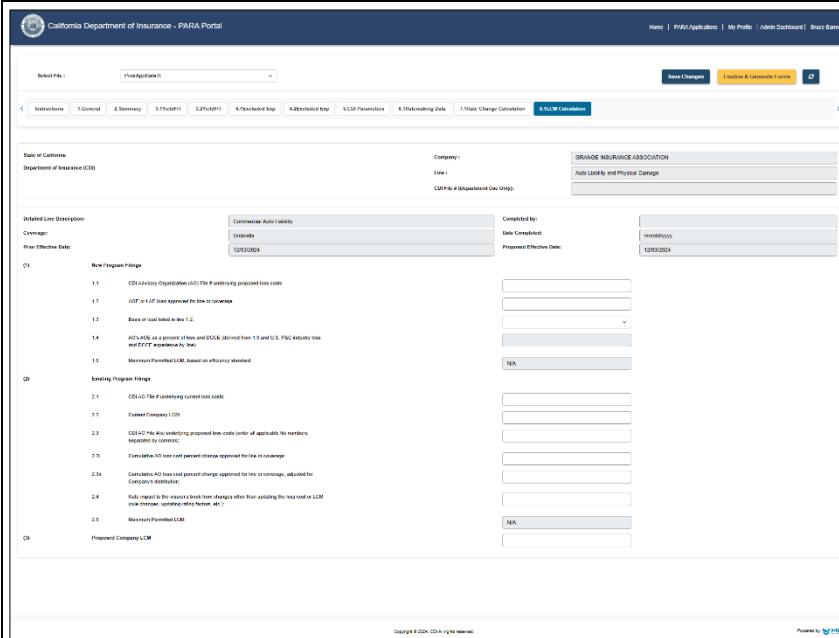
Key Points

This form is auto populated from Ratemaking tab and is locked in for the edits.

12. LCM Calculation

Description:

This page of the Rate Template must be completed for those rate filing submissions where the filed line or coverage uses a Loss Cost Multiplier (LCM)



Key Points

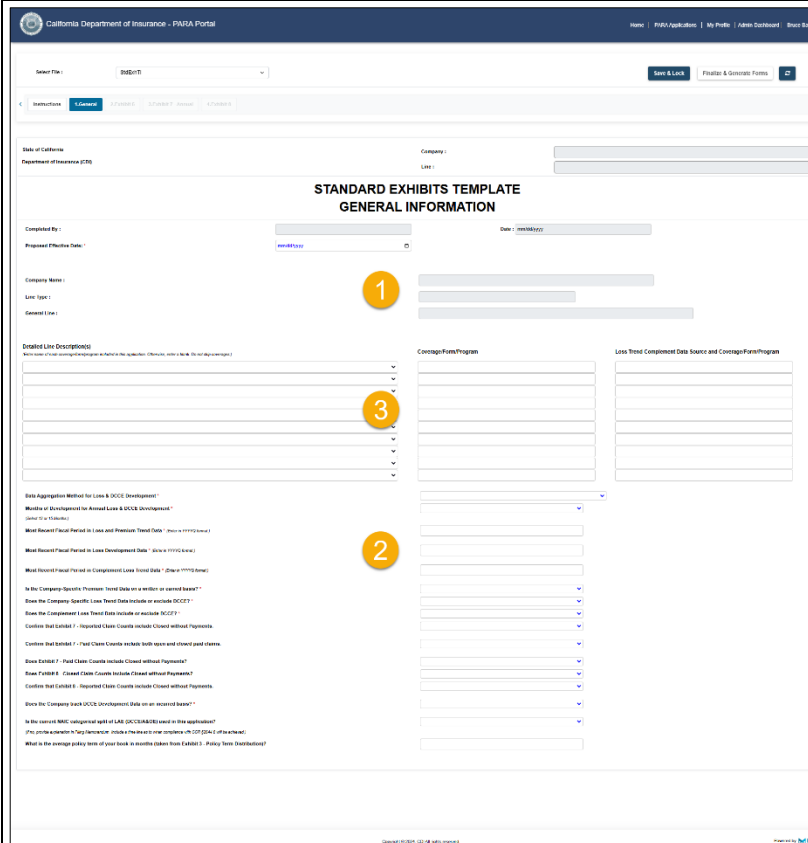
Except the greyed-out fields this form is user populated

Standard Exhibits Template

1.General

Description:

This page specifies certain general filing characteristics common to all coverages, forms or programs contained in the Application



Key Points

1. This part of this form will be auto populated from PriorAppRateApp General page and will not be editable.
2. The rest of the page is user populated
3. The data in below fields on this form is original source for all other PARA forms
 - Proposed Effective Date
 - Detailed Line of Description
 - Coverages/Form /Program

2. Exhibit 5

Description:

This indicates how the premium trend factors on 'Ratemaking Data' page, line 4 of the Rate Template, were developed by completing the Standard Exhibits Template.

Stillwater Insurance Company
Commercial Multiple Peril (Combined)
Premium Trend
California Department of Insurance - PARA Portal

Calendar Year	Quarterly Data				Rolling 4-Quarter Data			
	Written Exposure	Written Premium	On-Level Written Premium	On-Level Written Premium per Exposure	Written Exposure	Written Premium	On-Level Written Premium	On-Level Written Premium per Exposure
2013	327	327,032	327,032	1.001				
2014	425	413,837	402,162	1.004				
2015	494	559,675	553,766	1.017				
2016	597	829,729	820,465	1.010	1,992	1,915,048	2,007,031	1.011
2017	636	789,891	784,528	1.002	2,738	2,234,892	2,489,733	1.102
2018	681	779,272	808,414	1.031	3,369	2,616,837	2,847,585	1.106
2019	786	821,447	888,416	1.061	3,864	2,935,158	3,165,886	1.103
2020	775	867,545	879,156	1.027	3,762	3,368,311	3,471,714	1.102
2021	834	861,131	1,079,826	1.266	3,260	3,488,753	3,782,286	1.103
2022	888	1,099,422	1,190,264	1.100	3,262	3,884,914	4,124,526	1.100
2023	927	1,179,540	1,272,127	1.081	3,417	4,157,048	4,298,237	1.119
2024	955	1,262,425	1,329,159	1.045	3,635	4,505,255	4,635,338	1.095
2025	1,035	1,318,135	1,403,888	1.065	3,891	4,893,892	5,094,889	1.096
2026	1,137	1,564,546	1,620,807	1.040	4,889	5,388,775	5,754,858	1.076
2027	1,188	1,583,731	1,738,714	1.087	4,768	5,736,387	6,211,745	1.076
2028	1,246	1,713,814	1,897,387	1.081	4,561	6,184,328	6,711,077	1.077
2029	1,295	1,829,192	1,975,645	1.083	4,885	6,635,255	7,166,773	1.087
2030	1,388	1,862,581	2,238,838	1.199	5,889	6,991,269	7,578,578	1.095
2031	1,366	1,878,735	2,201,798	1.192	5,254	7,272,377	7,882,280	1.080
2032	1,385	1,914,348	2,161,140	1.141	5,391	7,593,844	8,195,320	1.075
2033	1,402	2,064,445	2,222,888	1.105	5,489	7,783,335	8,415,405	1.076
2034	1,435	2,113,876	2,333,885	1.103	5,553	8,894,875	9,738,588	1.101
2035	1,435	2,361,774	2,380,755	1.008	5,518	9,375,484	9,875,517	1.015
2036	1,486	2,485,785	2,589,476	1.043	5,714	9,887,881	9,928,545	1.002
2037	1,585	2,857,827	3,089,588	1.081	5,886	9,885,453	10,486,874	1.077
2038	1,677	3,289,326	3,471,405	1.071	6,168	10,742,319	11,843,314	1.080
2039	1,732	3,548,285	3,879,478	1.100	6,481	12,082,844	13,075,283	1.087

Key Points

1. The user will copy the bulk data for the first 3 columns and the rest of the columns get auto populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to next coverage table, use the hyperlink mentioned on the top left corner.

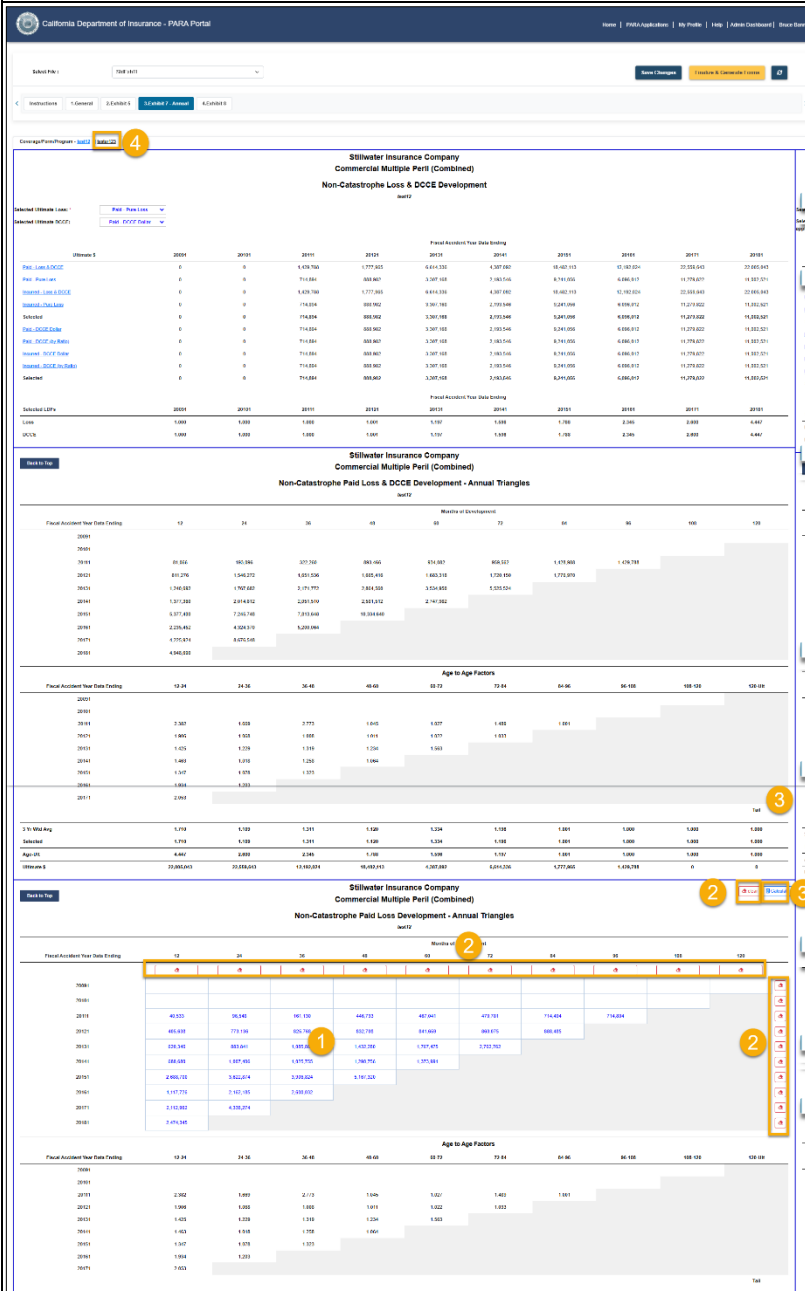
Clear and Delete Video Tutorial – [ClearButtonFeature.mp4](#)

Calculate Video Tutorial – [CalculateFeature.mp4](#)

3. Exhibit 7 – Annual

Description:

This page indicates how the loss and DCCE development factors shown on Ratemaking Data, lines 9 and 10 of the Rate Template were developed by completing Exhibit 7. Insurers must submit annual loss develop triangles in the Standard Exhibits Template regardless of whether the insurer is developing losses on an annual or quarterly basis.



The screenshot shows the PARAPortal interface for the California Department of Insurance. The main table is titled "Stillwater Insurance Company Commercial Multiple Peril (Combined) Non-Catastrophe Loss & DCCE Development". It displays data for years 2008 to 2017, with columns for "Loss" and "DCCE". A "Calculate" button (blue) is visible on the right side of the table. A "Clear" button (red) is also present. The table is titled "Stillwater Insurance Company Commercial Multiple Peril (Combined) Non-Catastrophe Loss & DCCE Development".

Key Points

1. Annual triangle data on this form are user populated, and rest of the calculated data gets auto populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to next coverage table, use the hyperlink mentioned on the top left corner.

Clear Video Tutorial – [ClearButtonFeature.mp4](#)

Calculate Video Tutorial – [CalculateFeature.mp4](#)

4. Exhibit 8

Description:

This page provides support for the loss and DCCE trend factors on 'Ratemaking Data' page, lines 11 and 12 of the Rate Template by completing the Standard Exhibits Template.

Key Points

1. If the selection on the StdExh General page is "Earned" the Earned Exposure column on this form is auto populated from Exhibit 5 and is locked in for edits. If the selection is "Written" the Earned Exposure field will be open for edits. All other columns on the first table are user populated.
2. Clear button in red color is used to bulk delete data entered in these large, user-editable tables. To clear all the data from the table, click on the Clear button on the top right corner of the table. To clear respective single row or column data, use the Clear button in that corresponding row or column. A pop-up will then appear to confirm your action as the erased data is PERMANENTLY lost and cannot be recovered.
3. Calculate button in blue color is used to perform calculations for the large, user-editable tables and update related fields instantly. Please note that if any user does not click on the calculate button after making the edits, then the application will perform all the calculations automatically in the background once the changes are saved using Save Changes button.
4. To navigate to the next coverage table, use the hyperlink mentioned on the top left corner.

Clear Video Tutorial – [ClearButtonFeature.mp4](#)

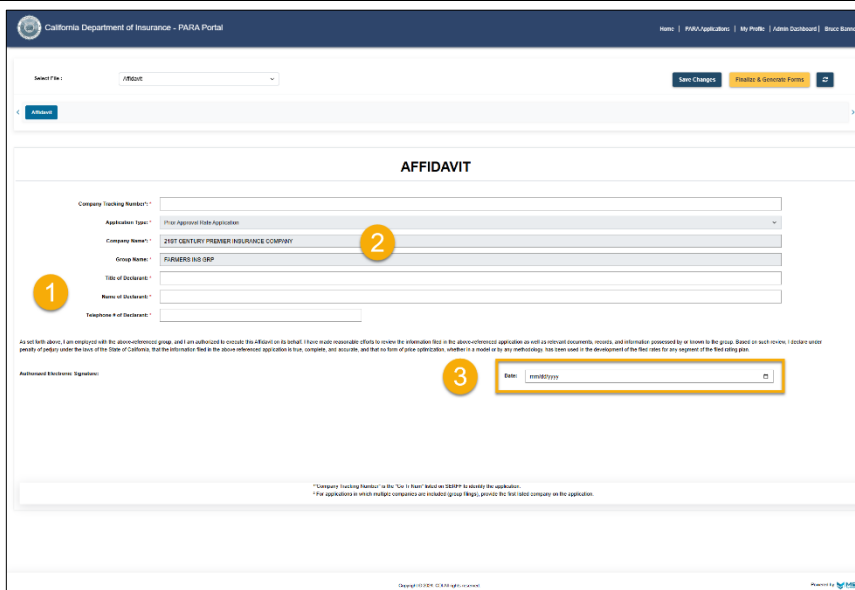
Calculate Video Tutorial – [CalculateFeature.mp4](#)

Affidavit

1. Affidavit

Description:

This page is the final step in the PARA process where the insurer (Declarant) declares that the information filed in the above referenced application is true, complete, and accurate, and that no form of price optimization, whether in a model or by any methodology, has been used in the development of the filed rates for any segment of the filed rating plan. This is marked under the penalty of perjury under the laws of the State of California.



Key Points

1. Type the Company Tracking number, Title, Name and Telephone# of the Declarant.
2. Some fields are auto populated from previous completed pages such as applicant Type, Company Name and Group Name.
3. Select the date when the affidavit is being completed and Save changes.

6. Email notifications

1. *Association Request submission*

Dear Admin,

We have received a new company association request from a registered user.

User Details:

- **Name:** App Mac
- **Email:** pks359458@gmail.com

Company Details:

- **Company Name:** 12521-Safeway Insurance Company

Please review and take the necessary action by either approving or rejecting the request using the link below:

[CDI PARA](#)

Thank you for your prompt attention to this matter.

Best regards,

CDI PARA Administrator

2. *Association Request approval*

Dear Bruce Banner,

We are pleased to inform you that your company association request has been approved.

Company Details:

- **Company Name:** 12521-Safeway Insurance Company
- **Role:** Insurer User

If you have any questions or need further assistance, please feel free to contact PARAsupport@insurance.ca.gov.

Best regards,

CDI PARA Team

3. Association Request rejection

PA

PARA Administrator

To: Stacey Ward

Thu 2024-11-21 5:25 PM

Dear Stacy Ward,

We are sorry to inform you that your company association request has been rejected.

Company Details:

- **Company Name:** 13161-Commerce West Insurance Company
- **Reason:** Not Applicable

If you have any questions or need further assistance, please feel free to contact PARAsupport@insurance.ca.gov.

Best regards,

CDI PARA Team

4. Forgot Password

PA

PARA Administrator

To: Stacey Ward

Thu 2024-11-21 5:28 PM

Dear Stacy Ward,

Please click on the link below to reset your password. If you did not request a password reset, please contact PARAsupport@insurance.ca.gov.

[Reset Password](#)

Or you can copy the following URL and paste it into your web browser.

<https://cdi-para-qa.powerappsportals.com/Account/Login/ResetPassword?userId=afaafc3-9997-ef11-a72d-000d3a35aa48&code=Q78%2BXyOQI92TaVIE4gYDAB9hFaEVE6cRuCcEH6lNeV222lrQ2YOsabYjaJRFForlpWbxedLTHEhkczu5OOhmOt0vLPxohGKlbG2iP5rBERQFBICmhq110mkpCBi1JnKqfGWiQ8M3UydgFOAR8eLKITgt8Aj0GnjQpaVjfuK6lRYCqPAI7eygPr33BSjkb8vE8IXlehsAcdPVS80XymA89A%3D%3D>

Please do not reply to this message. This email address is not monitored so we are unable to respond to any messages sent to this address.

Best Regards,

PARA Administrator

5. **Registration Completion**

Dear Jane Smith,

We are pleased to inform you that your PARA Registration is complete.

If you have any questions or need further assistance, please feel free to contact PARAsupport@insurance.ca.gov.

Best regards,
CDI PARA Team