R.C. 1999

To the Members of the Board

Re: Experience Modification Service
    Effective April 1, 2002

The Rating Board is pleased to announce the introduction of a web-based experience modification service which will allow subscribers the ability to access, by employer name, the insured’s most recent experience modification. Other information, such as classification, issue date and effective date will also be available for review on the selected record.

Each subscriber to this service will receive, following payment of the annual subscription fee, a user ID and password which will be needed to access the employer experience modification site (nymods.nycirb.org). The cost of this service will be $600 per year for each user ID and password purchased. Since this program will become effective on April 1, the charge for the remaining portion of this year will be $450. Subscriptions received for the remaining portion of this year will also be charged on a pro-rata (monthly) basis. Beginning next year, however, the yearly fee, currently at $600, will be charged regardless of the date upon which the subscription begins.

In conjunction with this service, the Rating Board will be eliminating, commencing May 1, 2002, the current telephone modification service. All modification requests made subsequent to this date must be in writing to the Rating Department and accompanied by a payment of $10 for each modification requested.

Attached is a form which must be completed and returned to the Board with the appropriate payment. Once the Board receives this payment, you will be assigned your user ID and password which will be in effect for the remainder of this year. All subscribers will receive a notice for next year’s renewal in approximately November of the current year.

Very truly yours,

Monte Almer

President

attachment
NEW YORK COMPENSATION INSURANCE RATING BOARD

ORDER FORM FOR 2002 EXPERIENCE MODIFICATION SERVICE

MAIL THIS FORM AND YOUR CHECK MADE PAYABLE TO:

NEW YORK COMPENSATION INSURANCE RATING BOARD
ATT: ACCOUNTING DEPARTMENT
200 EAST 42ND STREET
NEW YORK, NEW YORK  10017

2002 Subscription Fee: $450 (April 1 – December 31)
or
$50 per month for each month in 2002
for which service is established

Commencement Date: __________________
Fee:   __________________ *

AFTER RECEIPT OF REMITTANCE, USER ID AND PASSWORD WILL BE ISSUED

Name ____________________________________________
Company ___________________________________________
Address __________________________________________
City, State, Zip _____________________________________
Phone Number ______________________________________
Fax Number ________________________________________
E-Mail ____________________________________________

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>CHECK #</th>
<th>DATE RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER ID</td>
<td>PASSWORD</td>
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*Number of months remaining in 2002 multiplied by charge of $50/per month