

## 2013 TEXAS POLICY COUNT EXHIBIT

**IMPORTANT:** Before completing this form, carefully review the following paragraph *and* the attached instructions and definitions sheet.

TDI #

Find your company number at [https://apps.tdi.state.tx.us/pcci/pcci\\_search.jsp](https://apps.tdi.state.tx.us/pcci/pcci_search.jsp)

For: Company Name

Address:

City:  State:  Zip Code:

*I, the undersigned, attest to the following on behalf of the company identified above:*

The figures entered below represent the total number of policies, group contracts, and certificates issued under group contracts for which this company was the *direct* insurer or became direct insurer through assumption reinsurance (or, if a health maintenance organization, the HMO was the provider of a health care service plan) and which were in force and covering Texas risks as of **December 31, 2013**. The figures do *not* include policies, group contracts, or certificates for which the company was an indemnity reinsurer, plan administrator, etc. This information is accurate to the best of my knowledge.

No coverages in force in Texas as of December 31, 2013

| Line of Coverages                             | Individual Policies/<br>Contracts | Group Contracts | Group Certificates |
|---|-----------------------------------|-----------------|--------------------|
| Life  |                                   |                 |                    |
| Annuities                                     |                                   |                 |                    |
| Medicare Supplement/Select                    |                                   |                 |                    |
| All Other Health and Accident                 |                                   |                 |                    |
| Personal Motor Vehicle                        |                                   | -N/A-           | -N/A-              |
| Commercial Motor Vehicle                      |                                   | -N/A-           | -N/A-              |
| Dwelling                                      |                                   | -N/A-           | -N/A-              |
| Workers' Compensation                         |                                   | -N/A-           | -N/A-              |
| Other Property, Casualty, Surety and/or Title |                                   |                 |                    |

Date

Enter date MM/DD/YYYY

First Name:  Last Name:

(Print or Type)

Title:

Area Code:  Phone Number:  Extension:

Enter Phone number as follows: 9999999

Fax Area Code:  Fax Phone Number:

Enter Fax number as follows: 9999999

E-mail Address:

TDI may release my e-mail address in response to a public information request?

**Print Form**

**Clear Form**