TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Life and Health Actuarial Office (106-1A)
333 Guadalupe, Austin, Texas 78701 PO Box 149104, Austin, Texas 78714-9104
(512) 676-6889 | F: (512) 490-1017 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

Credit Life and Credit Accident and Health Insurance Data Call

Company Information

Company Name: _____

NAIC Number: _____

Reporting Year: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

The company is reporting data for Credit Life Insurance ◯ Yes ◯ No

The company is reporting data for Credit Disability Insurance ◯ Yes ◯ No

☐ This company did not have any credit life and credit accident and health in force during the applicable reporting period.

Contact Information

Contact Name: _____

Title: _____

Phone Number: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Email Address: _____

May TDI release this email address?: _____

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

A. Commercial Banks, Savings & Loan, Association & Mortgage Companies	Single Premium				Outstanding Balance			
	Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
	Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1. Actual Earned Premiums								
a. Net Written Premiums								
b. Premium Reserve, beginning of period								
c. Premium Reserve, end of period								
d. Actual Earned Premiums (1a+1b-1c)								
e. Earned Premiums at presumptive rate								
2. Incurred Claims								
a. Claims Paid								
b. Unreported Claims, beginning of period								
c. Unreported Claims, end of period								
d. Claim Reserve, beginning of period								
e. Claim Reserve, end of period								
f. Incurred Claims (2a-2b+2c-2d+2e)								
3. Loss Ratios								
a. Actual Loss Ratio (2f/1d)								
b. Loss Ratio at presumptive rate (2f/1e)								
4. Mean Insurance In Force								
5. Losses per $100 Mean Insurance In Force (100*2f)/Item 4								
6. Commissions and Service Fees								
a. Commissions and Service Fees Incurred								
b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

B. Finance Companies, Small Loan Companies		Single Premium				Outstanding Balance			
		Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
		Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1.	**Actual Earned Premiums**								
	a. Net Written Premiums								
	b. Premium Reserve, beginning of period								
	c. Premium Reserve, end of period								
	d. Actual Earned Premiums (1a+1b-1c)								
	e. Earned Premiums at presumptive rate								
2.	**Incurred Claims**								
	a. Claims Paid								
	b. Unreported Claims, beginning of period								
	c. Unreported Claims, end of period								
	d. Claim Reserve, beginning of period								
	e. Claim Reserve, end of period								
	f. Incurred Claims (2a-2b+2c-2d+2e)								
3.	**Loss Ratios**								
	a. Actual Loss Ratio (2f/1d)								
	b. Loss Ratio at presumptive rate (2f/1e)								
4.	**Mean Insurance In Force**								
5.	**Losses per $100 Mean Insurance In Force (100*2f)/Item 4**								
6.	**Commissions and Service Fees**								
	a. Commissions and Service Fees Incurred								
	b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

C. Credit Unions		Single Premium				Outstanding Balance			
		Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
		Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1.	**Actual Earned Premiums**								
	a. Net Written Premiums								
	b. Premium Reserve, beginning of period								
	c. Premium Reserve, end of period								
	d. Actual Earned Premiums (1a+1b-1c)								
	e. Earned Premiums at presumptive rate								
2.	**Incurred Claims**								
	a. Claims Paid								
	b. Unreported Claims, beginning of period								
	c. Unreported Claims, end of period								
	d. Claim Reserve, beginning of period								
	e. Claim Reserve, end of period								
	f. Incurred Claims (2a-2b+2c-2d+2e)								
3.	**Loss Ratios**								
	a. Actual Loss Ratio (2f/1d)								
	b. Loss Ratio at presumptive rate (2f/1e)								
4.	**Mean Insurance In Force**								
5.	**Losses per $100 Mean Insurance In Force (100*2f)/Item 4**								
6.	**Commissions and Service Fees**								
	a. Commissions and Service Fees Incurred								
	b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

	D. Production Credit Associations (Agricultural & Horticultural P.C.A.s)	Single Premium				Outstanding Balance			
		Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
		Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1.	**Actual Earned Premiums**								
	a. Net Written Premiums								
	b. Premium Reserve, beginning of period								
	c. Premium Reserve, end of period								
	d. Actual Earned Premiums (1a+1b-1c)								
	e. Earned Premiums at presumptive rate								
2.	**Incurred Claims**								
	a. Claims Paid								
	b. Unreported Claims, beginning of period								
	c. Unreported Claims, end of period								
	d. Claim Reserve, beginning of period								
	e. Claim Reserve, end of period								
	f. Incurred Claims (2a-2b+2c-2d+2e)								
3.	**Loss Ratios**								
	a. Actual Loss Ratio (2f/1d)								
	b. Loss Ratio at presumptive rate (2f/1e)								
4.	**Mean Insurance In Force**								
5.	**Losses per $100 Mean Insurance In Force (100*2f)/Item 4**								
6.	**Commissions and Service Fees**								
	a. Commissions and Service Fees Incurred								
	b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

E. Dealers (Auto & Truck Dealers, Other Dealers, Retail Stores, etc.)	Single Premium				Outstanding Balance			
	Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
	Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1. Actual Earned Premiums								
a. Net Written Premiums								
b. Premium Reserve, beginning of period								
c. Premium Reserve, end of period								
d. Actual Earned Premiums (1a+1b-1c)								
e. Earned Premiums at presumptive rate								
2. Incurred Claims								
a. Claims Paid								
b. Unreported Claims, beginning of period								
c. Unreported Claims, end of period								
d. Claim Reserve, beginning of period								
e. Claim Reserve, end of period								
f. Incurred Claims (2a-2b+2c-2d+2e)								
3. Loss Ratios								
a. Actual Loss Ratio (2f/1d)								
b. Loss Ratio at presumptive rate (2f/1e)								
4. Mean Insurance In Force								
5. Losses per $100 Mean Insurance In Force (100*2f)/Item 4								
6. Commissions and Service Fees								
a. Commissions and Service Fees Incurred								
b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01 - 08)

F. Other (Specify only if Class F)	Single Premium				Outstanding Balance			
	Reducing Term		Level Term		Revolving Account (open end)		Other Than Revolving Account	
	Single Lives (Plan 01)	Joint Lives (Plan 05)	Single Lives (Plan 02)	Joint Lives (Plan 06)	Single Lives (Plan 03)	Joint Lives (Plan 07)	Single Lives (Plan 04)	Joint Lives (Plan 08)
1. Actual Earned Premiums								
a. Net Written Premiums								
b. Premium Reserve, beginning of period								
c. Premium Reserve, end of period								
d. Actual Earned Premiums (1a+1b-1c)								
e. Earned Premiums at presumptive rate								
2. Incurred Claims								
a. Claims Paid								
b. Unreported Claims, beginning of period								
c. Unreported Claims, end of period								
d. Claim Reserve, beginning of period								
e. Claim Reserve, end of period								
f. Incurred Claims (2a-2b+2c-2d+2e)								
3. Loss Ratios								
a. Actual Loss Ratio (2f/1d)								
b. Loss Ratio at presumptive rate (2f/1e)								
4. Mean Insurance In Force								
5. Losses per $100 Mean Insurance In Force (100*2f)/Item 4								
6. Commissions and Service Fees								
a. Commissions and Service Fees Incurred								
b. Commissions and Service Fees Percentage (6a/1a)								

Clear Table

Company Name:

Reporting Year:

Form CI-EXP-L Credit Life Insurance Expense Report

This form is to be used to report the Texas and nationwide credit life general expenses for your company. The general expenses are to be limited to those expenses incurred in the administration and acquisition of credit life insurance; however, this amount shall not include commissions. Commissions are to be reflected solely on forms CI-EX-L.

1. List the number of single premium policies and certificates of insurance for Texas experience only.

a. Incepting in the reporting year. _____

b. In-force from previous years and continuing in force after the reporting year. _____

c. Policies and certificates going out of force during the reporting year for any reason. _____

d. Total number of policies and certificates of insurance in force at start of reporting period. _____

e. Total number of policies and certificates of insurance in force at end of reporting period. [ ] (1a+1d-1c)

2. List the number of single premium policies and certificates of insurance for nationwide experience.

a. Incepting in the reporting year. _____

b. In-force from previous years and continuing in force after the reporting year. _____

c. Policies and certificates going out of force during the reporting year for any reason. _____

d. Total number of policies and certificates of insurance in force at start of reporting period. _____

e. Total number of policies and certificates of insurance in force at end of reporting period. [ ] (2a+2d-2c)

3. List the number of monthly outstanding balance policies and certificates of insurance for Texas experience only.

a. Incepting in the reporting year. _____

b. Total number of policies and certificates of insurance in force at start of reporting period. _____

c. Total number of policies and certificates of insurance in force at end of reporting period. _____

4. List the number of monthly outstanding balance policies and certificates of insurance for nationwide experience.

a. Incepting in the reporting year. _____

b. Total number of policies and certificates of insurance in force at start of reporting period. _____

c. Total number of policies and certificates of insurance in force at end of reporting period. _____

5. Report the average term of policies and certificates of insurance in months for single premium business only.

a. Incepting in the reporting year in Texas. _____

b. Incepting in the reporting year nationwide. _____

Company Name:

Reporting Year:

Form CI-EXP-L Credit Life Insurance Expense Report

Expense and Allocation Table

Line No.	Expense Item	Amount	Percentage Allocated	Basis for Allocation
1.	Rent			
2.	Salaries & Wages			
3.11	Contributions for Employees			
3.12	Contributions for Agents			
3.21	Payments to Employees			
3.22	Payments to Agents			
3.31	Other Employee Welfare			
3.32	Other Agent Welfare			
4.1	Legal Fees and Expenses			
4.2	Medical Examination Fees			
4.3	Inspection Fees			
4.4	Fees of Public Accountants and Consulting Actuaries			
4.5	Expenses of Investigation, Settlement of Policy Claims			
5.1	Travel Expense			
5.2	Advertising			
5.3	Postage, Telephone			
5.4	Printing and Stationary			
5.5	Depreciation of Equipment			
5.6	Equipment Rental			
6.1	Books and Periodicals			
6.2	Bureau and Association Fees			
6.3	Insurance, Except Real Estate			
6.4	Miscellaneous Losses			
6.5	Collection, Bank Service Charges			
6.6	Sundry General Expenses			
6.7	Group Service, Administrative Fees			
6.8	Reimbursements by Uninsured Accident and Health Plans			
7.1	Agency Expense Allowance			
7.2	Net Agents' Balance Charge Off			
7.3	Agency Conference Expenses			
9.1	Real Estate			
9.2	Investment Expenses			
9.3	Aggregate Write-Ins			
10.	Total			

Clear Table

Please answer the following:

7a. Please list the major components of Sundry General Expenses:

7b. Please list the major components of Aggregate Write-Ins:

c. If your company writes creditor-paid insurance (non-contributory), fill in the ratio of premiums written during the reporting period for creditor-paid business to all business and the ratio of policies and certificates in-force at the end of the reporting period for creditor paid business.

Premium Written Ratio: _____ Policies and Certificates Ratio: _____

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

A. Commercial Banks, Savings & Loan, Association & Mortgage Companies	Single Premium					Outstanding Balance Revolving Account			
	Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
	14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1. Actual Earned Premiums									
a. Net Written Premiums									
b. Premium Reserve, beginning of period									
c. Premium Reserve, end of period									
d. Actual Earned Premiums (1a+1b-1c)									
e. Earned Premiums at presumptive rate									
2. Incurred Claims									
a. Claims Paid									
b. Unreported Claims, beginning of period									
c. Unreported Claims, end of period									
d. Claim Reserve, beginning of period									
e. Claim Reserve, end of period									
f. Incurred Claims (2a-2b+2c-2d+2e)									
3. Loss Ratios									
a. Actual Loss Ratio (2f/1d)									
b. Loss Ratio at presumptive rate (2f/1e)									
4. Commissions and Service Fees									
a. Commissions and Service Fees Incurred									
b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

A. Commercial Banks, Savings & Loan, Association & Mortgage Companies	Outstanding Balance Other Than Revolving Account				
	Retroactive		Non-Retroactive		
	14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1. Actual Earned Premiums					
a. Net Written Premiums					
b. Premium Reserve, beginning of period					
c. Premium Reserve, end of period					
d. Actual Earned Premiums (1a+1b-1c)					
e. Earned Premiums at presumptive rate					
2. Incurred Claims					
a. Claims Paid					
b. Unreported Claims, beginning of period					
c. Unreported Claims, end of period					
d. Claim Reserve, beginning of period					
e. Claim Reserve, end of period					
f. Incurred Claims (2a-2b+2c-2d+2e)					
3. Loss Ratios					
a. Actual Loss Ratio (2f/1d)					
b. Loss Ratio at presumptive rate (2f/1e)					
4. Commissions and Service Fees					
a. Commissions and Service Fees Incurred					
b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

B. Finance Companies, Small Loan Companies		Single Premium					Outstanding Balance Revolving Account			
		Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
		14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1.	**Actual Earned Premiums**									
	a. Net Written Premiums									
	b. Premium Reserve, beginning of period									
	c. Premium Reserve, end of period									
	d. Actual Earned Premiums (1a+1b-1c)									
	e. Earned Premiums at presumptive rate									
2.	**Incurred Claims**									
	a. Claims Paid									
	b. Unreported Claims, beginning of period									
	c. Unreported Claims, end of period									
	d. Claim Reserve, beginning of period									
	e. Claim Reserve, end of period									
	f. Incurred Claims (2a-2b+2c-2d+2e)									
3.	**Loss Ratios**									
	a. Actual Loss Ratio (2f/1d)									
	b. Loss Ratio at presumptive rate (2f/1e)									
4.	**Commissions and Service Fees**									
	a. Commissions and Service Fees Incurred									
	b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

B. Finance Companies, Small Loan Companies		Outstanding Balance Other Than Revolving Account				
		Retroactive		Non-Retroactive		
		14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1.	**Actual Earned Premiums**					
	a. Net Written Premiums					
	b. Premium Reserve, beginning of period					
	c. Premium Reserve, end of period					
	d. Actual Earned Premiums (1a+1b-1c)					
	e. Earned Premiums at presumptive rate					
2.	**Incurred Claims**					
	a. Claims Paid					
	b. Unreported Claims, beginning of period					
	c. Unreported Claims, end of period					
	d. Claim Reserve, beginning of period					
	e. Claim Reserve, end of period					
	f. Incurred Claims (2a-2b+2c-2d+2e)					
3.	**Loss Ratios**					
	a. Actual Loss Ratio (2f/1d)					
	b. Loss Ratio at presumptive rate (2f/1e)					
4.	**Commissions and Service Fees**					
	a. Commissions and Service Fees Incurred					
	b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

C. Credit Unions		Single Premium					Outstanding Balance Revolving Account			
		Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
		14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1.	**Actual Earned Premiums**									
	a. Net Written Premiums									
	b. Premium Reserve, beginning of period									
	c. Premium Reserve, end of period									
	d. Actual Earned Premiums (1a+1b-1c)									
	e. Earned Premiums at presumptive rate									
2.	**Incurred Claims**									
	a. Claims Paid									
	b. Unreported Claims, beginning of period									
	c. Unreported Claims, end of period									
	d. Claim Reserve, beginning of period									
	e. Claim Reserve, end of period									
	f. Incurred Claims (2a-2b+2c-2d+2e)									
3.	**Loss Ratios**									
	a. Actual Loss Ratio (2f/1d)									
	b. Loss Ratio at presumptive rate (2f/1e)									
4.	**Commissions and Service Fees**									
	a. Commissions and Service Fees Incurred									
	b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

C. Credit Unions		Outstanding Balance Other Than Revolving Account				
		Retroactive		Non-Retroactive		
		14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1.	**Actual Earned Premiums**					
	a. Net Written Premiums					
	b. Premium Reserve, beginning of period					
	c. Premium Reserve, end of period					
	d. Actual Earned Premiums (1a+1b-1c)					
	e. Earned Premiums at presumptive rate					
2.	**Incurred Claims**					
	a. Claims Paid					
	b. Unreported Claims, beginning of period					
	c. Unreported Claims, end of period					
	d. Claim Reserve, beginning of period					
	e. Claim Reserve, end of period					
	f. Incurred Claims (2a-2b+2c-2d+2e)					
3.	**Loss Ratios**					
	a. Actual Loss Ratio (2f/1d)					
	b. Loss Ratio at presumptive rate (2f/1e)					
4.	**Commissions and Service Fees**					
	a. Commissions and Service Fees Incurred					
	b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

D. Production Credit Associations (Agricultural & Horticultural P.C.A.s)	Single Premium					Outstanding Balance Revolving Account			
	Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
	14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1. Actual Earned Premiums									
a. Net Written Premiums									
b. Premium Reserve, beginning of period									
c. Premium Reserve, end of period									
d. Actual Earned Premiums (1a+1b-1c)									
e. Earned Premiums at presumptive rate									
2. Incurred Claims									
a. Claims Paid									
b. Unreported Claims, beginning of period									
c. Unreported Claims, end of period									
d. Claim Reserve, beginning of period									
e. Claim Reserve, end of period									
f. Incurred Claims (2a-2b+2c-2d+2e)									
3. Loss Ratios									
a. Actual Loss Ratio (2f/1d)									
b. Loss Ratio at presumptive rate (2f/1e)									
4. Commissions and Service Fees									
a. Commissions and Service Fees Incurred									
b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

D. Production Credit Associations (Agricultural & Horticultural P.C.A.s)	Outstanding Balance Other Than Revolving Account				
	Retroactive		Non-Retroactive		
	14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1. Actual Earned Premiums					
a. Net Written Premiums					
b. Premium Reserve, beginning of period					
c. Premium Reserve, end of period					
d. Actual Earned Premiums (1a+1b-1c)					
e. Earned Premiums at presumptive rate					
2. Incurred Claims					
a. Claims Paid					
b. Unreported Claims, beginning of period					
c. Unreported Claims, end of period					
d. Claim Reserve, beginning of period					
e. Claim Reserve, end of period					
f. Incurred Claims (2a-2b+2c-2d+2e)					
3. Loss Ratios					
a. Actual Loss Ratio (2f/1d)					
b. Loss Ratio at presumptive rate (2f/1e)					
4. Commissions and Service Fees					
a. Commissions and Service Fees Incurred					
b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

E. Dealers (Auto & Truck Dealers, Other Dealers, Retail Stores, etc.)	Single Premium					Outstanding Balance Revolving Account			
	Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
	14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1. Actual Earned Premiums									
a. Net Written Premiums									
b. Premium Reserve, beginning of period									
c. Premium Reserve, end of period									
d. Actual Earned Premiums (1a+1b-1c)									
e. Earned Premiums at presumptive rate									
2. Incurred Claims									
a. Claims Paid									
b. Unreported Claims, beginning of period									
c. Unreported Claims, end of period									
d. Claim Reserve, beginning of period									
e. Claim Reserve, end of period									
f. Incurred Claims (2a-2b+2c-2d+2e)									
3. Loss Ratios									
a. Actual Loss Ratio (2f/1d)									
b. Loss Ratio at presumptive rate (2f/1e)									
4. Commissions and Service Fees									
a. Commissions and Service Fees Incurred									
b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

E. Dealers (Auto & Truck Dealers, Other Dealers, Retail Stores, etc.)	Outstanding Balance Other Than Revolving Account				
	Retroactive		Non-Retroactive		
	14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1. Actual Earned Premiums					
a. Net Written Premiums					
b. Premium Reserve, beginning of period					
c. Premium Reserve, end of period					
d. Actual Earned Premiums (1a+1b-1c)					
e. Earned Premiums at presumptive rate					
2. Incurred Claims					
a. Claims Paid					
b. Unreported Claims, beginning of period					
c. Unreported Claims, end of period					
d. Claim Reserve, beginning of period					
e. Claim Reserve, end of period					
f. Incurred Claims (2a-2b+2c-2d+2e)					
3. Loss Ratios					
a. Actual Loss Ratio (2f/1d)					
b. Loss Ratio at presumptive rate (2f/1e)					
4. Commissions and Service Fees					
a. Commissions and Service Fees Incurred					
b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10 - 26)

F. Other (Specify only if Class F)	Single Premium					Outstanding Balance Revolving Account			
	Retroactive		Non-Retroactive			Retroactive		Non-Retroactive	
	14-Day (Plan 10)	30-Day (Plan 11)	14-Day (Plan 12)	30-Day (Plan 13)	90-Day (Plan 14)	14-Day (Plan 16)	30-Day (Plan 17)	14-Day (Plan 18)	30-Day (Plan 19)
1. Actual Earned Premiums									
a. Net Written Premiums									
b. Premium Reserve, beginning of period									
c. Premium Reserve, end of period									
d. Actual Earned Premiums (1a+1b-1c)									
e. Earned Premiums at presumptive rate									
2. Incurred Claims									
a. Claims Paid									
b. Unreported Claims, beginning of period									
c. Unreported Claims, end of period									
d. Claim Reserve, beginning of period									
e. Claim Reserve, end of period									
f. Incurred Claims (2a-2b+2c-2d+2e)									
3. Loss Ratios									
a. Actual Loss Ratio (2f/1d)									
b. Loss Ratio at presumptive rate (2f/1e)									
4. Commissions and Service Fees									
a. Commissions and Service Fees Incurred									
b. Commissions and Service Fees Percentage (4a/1a)									

Clear Table

F. Other (Specify only if Class F)	Outstanding Balance Other Than Revolving Account				
	Retroactive		Non-Retroactive		
	14-Day (Plan 22)	30-Day (Plan 23)	14-Day (Plan 24)	30-Day (Plan 25)	90-Day (Plan 26)
1. Actual Earned Premiums					
a. Net Written Premiums					
b. Premium Reserve, beginning of period					
c. Premium Reserve, end of period					
d. Actual Earned Premiums (1a+1b-1c)					
e. Earned Premiums at presumptive rate					
2. Incurred Claims					
a. Claims Paid					
b. Unreported Claims, beginning of period					
c. Unreported Claims, end of period					
d. Claim Reserve, beginning of period					
e. Claim Reserve, end of period					
f. Incurred Claims (2a-2b+2c-2d+2e)					
3. Loss Ratios					
a. Actual Loss Ratio (2f/1d)					
b. Loss Ratio at presumptive rate (2f/1e)					
4. Commissions and Service Fees					
a. Commissions and Service Fees Incurred					
b. Commissions and Service Fees Percentage (4a/1a)					

Clear Table

Company Name:

Reporting Year:

Form CI-EXP-DIS Credit Disability Insurance Expense Report

This form is to be used to report the Texas and nationwide credit disability general expenses for your company. The general expenses are to be limited to those expenses incurred in the administration and acquisition of credit life insurance; however, this amount shall not include commissions. Commissions are to be reflected solely on forms CI-EX-DIS.

1. List the number of single premium policies and certificates of insurance for Texas experience only.

a. Incepting in the reporting year. _____

b. In-force from previous years and continuing in force after the reporting year. _____

c. Policies and certificates going out of force during the reporting year for any reason. _____

d. Total number of policies and certificates of insurance in force at start of reporting period. _____

e. Total number of policies and certificates of insurance in force at end of reporting period. [ ] (1a+1d-1c)

2. List the number of single premium policies and certificates of insurance for nationwide experience.

a. Incepting in the reporting year. _____

b. In-force from previous years and continuing in force after the reporting year. _____

c. Policies and certificates going out of force during the reporting year for any reason. _____

d. Total number of policies and certificates of insurance in force at start of reporting period. _____

e. Total number of policies and certificates of insurance in force at end of reporting period. [ ] (2a+2d-2c)

3. List the number of monthly outstanding balance policies and certificates of insurance for Texas experience only.

a. Incepting in the reporting year. _____

b. Total number of policies and certificates of insurance in force at start of reporting period. _____

c. Total number of policies and certificates of insurance in force at end of reporting period. _____

4. List the number of monthly outstanding balance policies and certificates of insurance for nationwide experience.

a. Incepting in the reporting year. _____

b. Total number of policies and certificates of insurance in force at start of reporting period. _____

c. Total number of policies and certificates of insurance in force at end of reporting period. _____

5. Report the average term of policies and certificates of insurance in months for single premium business only.

a. Incepting in the reporting year in Texas. _____

b. Incepting in the reporting year nationwide. _____

Company Name:

Reporting Year:

Form CI-EXP-DIS Credit Disability Insurance Expense Report

Expense and Allocation Table

Line No.	Expense Item	Amount	Percentage Allocated	Basis for Allocation
1.	Rent			
2.	Salaries & Wages			
3.11	Contributions for Employees			
3.12	Contributions for Agents			
3.21	Payments to Employees			
3.22	Payments to Agents			
3.31	Other Employee Welfare			
3.32	Other Agent Welfare			
4.1	Legal Fees and Expenses			
4.2	Medical Examination Fees			
4.3	Inspection Fees			
4.4	Fees of Public Accountants and Consulting Actuaries			
4.5	Expenses of Investigation, Settlement of Policy Claims			
5.1	Travel Expense			
5.2	Advertising			
5.3	Postage, Telephone			
5.4	Printing and Stationary			
5.5	Depreciation of Equipment			
5.6	Equipment Rental			
6.1	Books and Periodicals			
6.2	Bureau and Association Fees			
6.3	Insurance, Except Real Estate			
6.4	Miscellaneous Losses			
6.5	Collection, Bank Service Charges			
6.6	Sundry General Expenses			
6.7	Group Service, Administrative Fees			
6.8	Reimbursements by Uninsured Accident and Health Plans			
7.1	Agency Expense Allowance			
7.2	Net Agents' Balance Charge Off			
7.3	Agency Conference Expenses			
9.1	Real Estate			
9.2	Investment Expenses			
9.3	Aggregate Write-Ins			
10.	Total			

Clear Table

Please answer the following:

7a. Please list the major components of Sundry General Expenses:

7b. Please list the major components of Aggregate Write-Ins:

c. If your company writes creditor-paid insurance (non-contributory), fill in the ratio of premiums written during the reporting period for creditor-paid business to all business and the ratio of policies and certificates in-force at the end of the reporting period for creditor paid business.

Premium Written Ratio: _____ Policies and Certificates Ratio: _____

Form CI-ACT-CERT Actuarial Certification

The named Actuary is electronically certifying by providing email and name below.

I have calculated or reviewed the unearned premium reserves for single premium credit insurance submitted by

Name of your Insurance Company	City	State

in response to the Commissioner of Insurance, Credit Data Call for calendar year .

For level term life insurance, if applicable, the premium reserve is not less than the pro rata gross unearned premium.

For reducing term life insurance issued prior to June 30, 1992, if applicable, the premium reserve is not less than the unearned premium reserve calculated by the sum-of-the-digits method (Rule of 78). For coverage issued on and after June 30, 1992, the premium reserve is not less than the unearned premium reserve calculated by the rule of the anticipation method.

The single premium credit accident and health reserves were calculated by one of the methods below.

- Mean of reserves calculated by the sum-of-the-digits method (Rule of 78) and those calculated by those calculated by the pro-rata method.
- Rule of Anticipation.
- Another method which produces reserves at least as high as one of the above.

In my opinion, these reserves are correct according to the method specified.

Email Address of Actuary

Actuary Certifier's Name

If the company did not have single premium business for the reporting year, please make a statement to that effect below

Form CI-VAL-AFF Affidavit

☐ By checking this box, I attest that all information contained in this form is a full and true statement in accordance with the instructions provided to the best of my information, knowledge, and belief.

Name of Company Officer _____ Phone Number _____

Title _____

Print Form | Submit By Email