[Prior Year] TEXAS POLICY COUNT EXHIBIT

IMPORTANT: Before completing this form, carefully review the following paragraph and the enclosed instructions and definitions.								
TDI License Number	Find your company number at [h	nttps://apps.tdi.state.tx.us/pcci/pcci_sea	rch.jsp]					
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, [prior year]. 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, [prior year]

Individual Policies/ Line of Coverages **Group Contracts Group Certificates Contracts** Life Annuities Medicare Supplement/Select All Other Health and Accident -N/A-**Personal Motor Vehicle** -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

First Name				Last Name			
(Print or Type)							
Title							
Area Code Enter F	Phone Number Phone Number without hypher		ension		Fax Area Code Enter Fax Nun	Fax Number nber without hyphens: 9999999	
Email Address							
TDI may release my email address in response to a public information request.							
	Clear Form		Print Fo	rm	Submit b	oy Email	

To complete the filing, you must send the email with the XML attachment.

Submit Date: