

**Supplement Filing for County Mutuals**  
(To be filed with the 2019 Property and Casualty annual statement)

Insurer Name

1. In what territory does the company operate ([TIC § 912.308](#))? Check one.

- County of its domicile only.
- County of its domicile and any adjoining counties only (please list below):

Statewide

2. Amount of Statutory Deposit: \$ \_\_\_\_\_

3. Name and position of Principal Officer responsible for handling funds:

Amount of Bond: \$ \_\_\_\_\_

4. Are all the persons who handle funds of the Company bonded?  Yes  No

State the name and the amount of bond on each person who handles funds other than the individual named in item 3 above:

Name of Employee	Amount of Bond
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. What is the largest automobile risk assumed and retained ([TIC § 912.151](#))?

\_\_\_\_\_

6. What is the largest fire risk assumed and retained? \_\_\_\_\_

7. Does the Company qualify as an exempt industrial county mutual under the provisions of [TIC § 912.310](#)?  Yes  No

8. State number of members holding policies in the Company: \_\_\_\_\_

9. Provide the total amount of policyholders' contingent liability as provided in the bylaws:  
\_\_\_\_\_ [Required: \$2 for each \$100 of insurance coverage ([TIC § 912.202](#))]