

1999 Texas Disallowed Expense Call

INSTRUCTIONS:

This call requires that you submit countrywide direct written premiums and insurance expense exhibit data for all property and casualty lines combined if your company had writings in Texas for the year 1999 in one or more of the following lines:

- Residential Fire
- Residential Allied Lines
- Homeowners Multiple Peril
- Private Passenger Automobile
- Commercial Automobile

Note: If your company did **NOT** have direct writings in Texas for 1999 in any of the above lines, you may satisfy the call by completing and returning only the Transmittal Form indicating a "**NONE**" filing and the signed affidavit.

Transmittal and Affidavit

When filling out the Transmittal form (page 3) you must include the name of the company/companies and the corresponding NAIC number(s) for each company for which you are submitting data. The Affidavit form (page 7) must be signed by the highest ranking company official with management and control authority over the development of the reported information and must be notarized.

Report of Insurance Expense Exhibit Data

Report all amounts to the nearest thousand as they are reported in the Insurance Expense Exhibit. If you are submitting a group filing you may do one of the following:

- 1) file insurance expense exhibit data in aggregate amounts, or;
- 2) submit an insurance expense exhibit report for each company in your group.

Note: An affidavit must be signed and submitted for each report of insurance expense exhibit. If you are filing as a group, please ensure that you list the company names and NAIC numbers on the transmittal form.

Retention of Records

The underlying data and other information utilized in the development of your call response must be maintained within your company's records for a minimum of two years after April 3, 2000.

Acknowledgment of Receipt form

An Acknowledgment of Receipt form is included (page 8), and must be signed and returned to the Texas Department of Insurance, Data Services Division by **March 3, 2000**. You may send the form by mail to:

Mail:
Texas Department of Insurance
Data Service Division (MC105-5D)
P.O. Box 149104
Austin, Texas 78714-9104;
Or fax it to (512)463-6122

Courier:
Texas Department of Insurance
Data Services Division (MC105-5D)
333 Guadalupe
Austin, Texas 78701

Disallowed Expense call on the Web

For a copy of this call please see our web site at www.tdi.state.tx.us and go to the Company information site under Data Calls.

Other

If a TDI acknowledgment of receipt is desired, include a stamped, self-addressed envelope.

If you have any questions regarding this matter, please contact Julie Jones at the Texas Department of Insurance, Data Services Division at 512/475-3027.

Group/Company Name : _____

**REPORT OF INSURANCE EXPENSE EXHIBIT DATA
CALENDAR YEAR 1999**

LINE	<u>Fire</u> (IEE Line 1)		<u>Allied Lines</u> (IEE Line 2.1)		<u>Homeowners Multiple Peril</u> (IEE Line 3)	
	Amount (000)	% of Direct Written Premiums (xx.x)	Amount (000)	% of Direct Written Premiums (xx.x)	Amount (000)	% of Direct Written Premiums (xx.x)
1	Direct premiums written - must equal the amount reported on Part III, column 1 of the Insurance Expense Exhibit.					
	\$	100%	\$	100%	\$	100%
2a	Other acquisition, field supervision and collection expenses incurred - must equal the amount reported on Part III, column 14 of the Insurance Expense Exhibit.					
	\$	%	\$	%	\$	%
2b	All advertising expenses incurred EXCEPT the following: 1. Advertising directly related to the services or products provided by the insurer; 2. Advertising designed and directed at loss prevention; and 3. Advertising for promotion of organizations exempt from federal taxation under 5.01(c)(3) of the Internal Revenue Code.					
	\$	%	\$	%	\$	%
2c	Adjusted other acquisition, field supervision and collection expenses incurred - line 2a minus line 2b.					
	\$	%	\$	%	\$	%
3a	General expenses incurred - must equal the amount reported on Part III, column 15 of the Insurance Expense Exhibit.					
	\$	%	\$	%	\$	%
3b	Loss control and safety engineering expenses. (Although this is not a disallowed expense, it must be reported separately to ensure appropriate consideration.)					
	\$	%	\$	%	\$	%
3c	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees and other expenses incurred to influence elected or appointed decision-makers regarding legislation or rule making and all other activities required to be reported under the Texas Ethics Law.					
	\$	%	\$	%	\$	%
3d	All amounts paid by an insurer as damages in a suit against the insurer for bad faith or as fines or penalties for violation of law.					
	\$	%	\$	%	\$	%
3e	All contributions to organizations engaged in legislative advocacy.					
	\$	%	\$	%	\$	%
3f	All fees and penalties imposed on the insurer for civil or criminal violations of law.					
	\$	%	\$	%	\$	%
3g	All contributions to social, religious, political or fraternal organizations.					
	\$	%	\$	%	\$	%
3h	All fees and assessments paid to advisory organizations.					
	\$	%	\$	%	\$	%
3i	Disallowed general expenses - sum of lines 3c, 3d, 3e, 3f, 3g and 3h.					
	\$	%	\$	%	\$	%
3j	Adjusted general expenses incurred - line 3a minus line 3b minus line 3i.					
	\$	%	\$	%	\$	%

Group/Company Name : _____

**REPORT OF INSURANCE EXPENSE EXHIBIT DATA
CALENDAR YEAR 1999**

LINE	<u>Automobile Liability</u>		<u>Automobile Liability</u>		DO NOT WRITE IN THIS SECTION	
	Private Passenger Auto (IEE Lines 19.1 and 19.2)		Commercial (IEE Lines 19.3 and 19.4)			
	Amount (000)	% of Direct Written Premiums (xx.x)	Amount (000)	% of Direct Written Premiums (xx.x)		
1	Direct premiums written - must equal the amount reported on Part III, column 1 of the Insurance Expense Exhibit.					
	\$	100%	\$	100%		
2a	Other acquisition, field supervision and collection expenses incurred - must equal the amount reported on Part III, column 14 of the Insurance Expense Exhibit.					
	\$	%	\$	%		
2b	All advertising expenses incurred EXCEPT the following: 1. Advertising directly related to the services or products provided by the insurer; 2. Advertising designed and directed at loss prevention; and 3. Advertising for promotion of organizations exempt from federal taxation under 5.01(c)(3) of the Internal Revenue Code.					
	\$	%	\$	%		
2c	Adjusted other acquisition, field supervision and collection expenses incurred - line 2a minus line 2b.					
	\$	%	\$	%		
3a	General expenses incurred - must equal the amount reported on Part III, column 15 of the Insurance Expense Exhibit.					
	\$	%	\$	%		
3b	Loss control and safety engineering expenses. (Although this is not a disallowed expense, it must be reported separately to ensure appropriate consideration.)					
	\$	%	\$	%		
3c	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees and other expenses incurred to influence elected or appointed decision-makers regarding legislation or rule making and all other activities required to be reported under the Texas Ethics Law.					
	\$	%	\$	%		
3d	All amounts paid by an insurer as damages in a suit against the insurer for bad faith or as fines or penalties for violation of law.					
	\$	%	\$	%		
3e	All contributions to organizations engaged in legislative advocacy.					
	\$	%	\$	%		
3f	All fees and penalties imposed on the insurer for civil or criminal violations of law.					
	\$	%	\$	%		
3g	All contributions to social, religious, political or fraternal organizations.					
	\$	%	\$	%		
3h	All fees and assessments paid to advisory organizations.					
	\$	%	\$	%		
3i	Disallowed general expenses - sum of lines 3c, 3d, 3e, 3f, 3g and 3h.					
	\$	%	\$	%		
3j	Adjusted general expenses incurred - line 3a minus line 3b minus line 3i.					
	\$	%	\$	%		

Group/Company Name : _____

**REPORT OF INSURANCE EXPENSE EXHIBIT DATA
CALENDAR YEAR 1999**

Automobile Physical Damage					Grand Total (IEE Line 32)	
LINE	Private Passenger (IEE Line 21.1)		Commercial (IEE Line 21.2)		Amount (000)	% of Direct Written Premiums (xx.x)
	Amount (000)	% of Direct Written Premiums (xx.x)	Amount (000)	% of Direct Written Premiums (xx.x)		
1	Direct premiums written - must equal the amount reported on Part III, column 1 of the Insurance Expense Exhibit.					
	\$	100%	\$	100%	\$	100%
2a	Other acquisition, field supervision and collection expenses incurred - must equal the amount reported on Part III, column 14 of the Insurance Expense Exhibit.					
	\$	%	\$	%	\$	%
2b	All advertising expenses incurred EXCEPT the following: 1. Advertising directly related to the services or products provided by the insurer; 2. Advertising designed and directed at loss prevention; and 3. Advertising for promotion of organizations exempt from federal taxation under 5.01(c)(3) of the Internal Revenue Code.					
	\$	%	\$	%	\$	%
2c	Adjusted other acquisition, field supervision and collection expenses incurred - line 2a minus line 2b.					
	\$	%	\$	%	\$	%
3a	General expenses incurred - must equal the amount reported on Part III, column 15 of the Insurance Expense Exhibit.					
	\$	%	\$	%	\$	%
3b	Loss control and safety engineering expenses. (Although this is not a disallowed expense, it must be reported separately to ensure appropriate consideration.)					
	\$	%	\$	%	\$	%
3c	All lobbying expenses. Lobbying expenses are considered to include all salaries, fees and other expenses incurred to influence elected or appointed decision-makers regarding legislation or rule making and all other activities required to be reported under the Texas Ethics Law.					
	\$	%	\$	%	\$	%
3d	All amounts paid by an insurer as damages in a suit against the insurer for bad faith or as fines or penalties for violation of law.					
	\$	%	\$	%	\$	%
3e	All contributions to organizations engaged in legislative advocacy.					
	\$	%	\$	%	\$	%
3f	All fees and penalties imposed on the insurer for civil or criminal violations of law.					
	\$	%	\$	%	\$	%
3g	All contributions to social, religious, political or fraternal organizations.					
	\$	%	\$	%	\$	%
3h	All fees and assessments paid to advisory organizations.					
	\$	%	\$	%	\$	%
3i	Disallowed general expenses - sum of lines 3c, 3d, 3e, 3f, 3g and 3h.					
	\$	%	\$	%	\$	%
3j	Adjusted general expenses incurred - line 3a minus line 3b minus line 3i.					
	\$	%	\$	%	\$	%

AFFIDAVIT

THE STATE OF _____

COUNTY OF _____

I, _____, the (position) _____
of the _____

being duly sworn, deposes and says that all of the information of the named Company contained herein, together with any necessary related exhibits, schedules and explanations contained, annexed or referred to are a full and true statement in accordance with the instructions provided according to the best of my information, knowledge and belief.

Signature

SUBSCRIBED AND SWORN TO BEFORE ME this the ____ day of _____, 20____.

Notary Public

(Printed Name of Notary)

My Commission Expires:

“ACKNOWLEDGMENT OF RECEIPT”

I, _____ AN OFFICER FOR (Insurance Company/Group Name)
_____, (NAIC Company No.) _____, (Group
Number) _____ DO HEREBY ACKNOWLEDGE RECEIPT OF THE TEXAS DISALLOWED
EXPENSE CALL.

(Group filings, please provide the group name above and list company names and NAIC numbers below).

<u>Company Name</u>	<u>NAIC Company No.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE

DATE

NEW POINT OF CONTACT (ONLY REQUIRED IF CHANGED OR NEW APPOINTMENT REQUIRED)

NAME: _____

Phone No.: () _____ **Fax No.:**() _____

Address: _____

This acknowledgment must arrive at TDI by March 3, 2000.

Mail to:
Texas Department of Insurance
Julie Jones
Data Services (MC: 105-5D)
P.O. Box 149104
Austin, TX 78714-9104
or fax to: (512) 463-6122

Courier:
Texas Department of Insurance
Data Services Division (MC:105-5D)
333 Guadalupe
Austin, Texas 78701