Please read the instructions **thoroughly** before completing the attached Texas Department of Insurance 2015 Texas Policy Count Exhibit - Adobe Acrobat interactive form.

* You have received an email requesting that you complete the 2015 Policy Count Exhibit form (2015\_PCE\_FORM.pdf).

**IMPORTANT**: The requested data element definitions may differ from other data call definitions, such as the Market Conduct Annual Statement. Please ensure that your responses to this data call encompass the appropriate definitions.

* You will need Adobe or Adobe Reader to complete the form.

If you do not have either application, you can click on the following link to download the latest free version of Adobe Reader: <http://www.adobe.com/go/reader>

* The filing should be submitted by email by clicking on the ‘Submit’ button.

**IMPORTANT:** After submitting your filing by email, please **do not** **submit additional copies unless requested by TDI to do so.**

If a new email does not automatically open in your default email application, please click on File > Save and save the xml file to your computer. Attach the saved file to a new email.

To: Data\_Calls@tdi.texas.gov

Subject: 2015 Texas Department of Insurance Policy Count Exhibit

* Questions? Contact Nancy Harkins by email Nancy.Harkins@tdi.texas.gov or by phone at 512-676-6223.
1. Open the form and enter the required fields. Required fields are outlined in red on the form:
* **TDI license #** – **Enter numerical values only.** If you do not know your company’s TDI License number, please look it up on TDI’s website at <https://apps.tdi.state.tx.us/pcci/pcci_search.jsp>.
* **Company name**
* **Address**
* **City**
* **State –** two-character abbreviation
* **ZIP code –** five-digits or ZIP code plus four (99999 or 99999-9999)
* **Lines of coverage**

***Note:*** *If your company had no coverages of* ***any*** *type in force in Texas as of December 31, 2015, please check the “No coverages in force in Texas as of December 31, 2015” box*.

Enter numerical values for coverages in force in each blank for each line of coverage (see *Definitions* at the end of this document). Do not include commas for values greater than 999.

**Special instructions for TITLE insurers:** Enter the total number of policies **written** during the **preceding five** calendar years (2011, 2012, 2013, 2014, and 2015). This figure is required instead of a count of policies in force as of December 31, 2015.

* **First name**
* **Last name**
* **Title**
* **Area code** **–** **Enter numerical values only**
* **Phone number** **–** **Enter numerical values in the following format: 9999999 (no hyphen)**
* **Extension**
* **Fax area code – Enter numerical values only**
* **Fax number – Enter numerical values in the following format: 9999999 (no hyphen)**
* **Email Address**
* **TDI may release my email address in response to a public information request.** Use the drop-down to select: **“Do Not Agree”** or **“Agree.”**
1. Once you have finished filling in the form, you have the following options:
	* Clear Form: Use this button to clear the data entered and to start the filing over.
	* Print Form: Use this button to print a copy of the filing.
2. After reviewing the form and when you are ready to submit the data, click on the “Submit” button.
3. Once you have clicked on the “Submit” button, an email should open with the XML form attached to it. If the email does not open, please refer to the earlier [instructions](#email_does_not_open).
4. Complete the filing by sending the email.
5. When you exit the form, you will get an Adobe Acrobat prompt asking if you would like to save the changes to the ‘2015 PCE FORM.pdf’ before closing. If you want to save the form, save it to a location of your choice. If you do not want to save the form, click “No” and the form will close.

Thank you for submitting the 2015 Policy Count Exhibit data.

**DEFINITIONS**

**Lines of Coverage**

* *Life* – all forms of coverage on the life of a person (whole, universal, term, credit, etc.).
* *Annuities* – fixed and variable annuities.
* *Medicare Supplement/Select* – all contracts providing health benefits or services to fill the gaps in the protection provided by Medicare.
* *All Other Health and Accident* – all contracts providing or arranging for health care services or covering or indemnifying health care expenses (indemnity/insurance), including disability, credit health/accident/disability, HMO and other managed-care contracts, and long-term care contracts, other than Medicare supplement or Medicare select.
* *Personal Motor Vehicle* – all personal automobile policies covering any type of vehicle, including policies written by assignment through the Texas Automobile Insurance Plan Association (TAIPA).
* *Commercial Motor Vehicle* – all motor vehicle coverages other than those issued under personal automobile policies, including policies written by assignment through TAIPA.
* *Dwelling* – all forms of homeowners, renters (tenant), and dwelling fire coverage.
* *Workers’ Compensation* – policies issued to employers and that indemnify employees for health care expenses or their loss of income, resulting from injuries sustained within the course and scope of their employment.
* *Other Property, Casualty, Surety, or Title* – all captioned lines, including credit property and credit involuntary unemployment, and farm owners and ranch owners. Exclude motor vehicle, dwelling, and workers’ compensation, as described above.

**Policies, Contracts and Certificates**

* *Individual Policies/Contracts* – all policies and contracts not issued to or through a group.
* *Group Contracts* (master contracts) – all group policies or contracts issued to groups having members (or certificate-holders) in Texas.
* *Group Certificates* – the number of Texas members (or, for HMOs, *subscribers*) covered under any group contract.