

**Exhibit D – Historical Experience**

**Company name:** \_\_\_\_\_

**Company NAIC number:** \_\_\_\_\_

**Line:** \_\_\_\_\_

**Coverage/form:** \_\_\_\_\_

**Provide the following information on a calendar year basis. The information should be the amounts (or a subset of the amounts) reported on the annual statement.**

		<b>Texas</b>				
Year	(A) Direct premiums written	(B) Direct premiums earned	(C) Direct losses and DCCE paid	(D) Direct losses and DCCE incurred	(E) Incurred loss & DCCE ratio (D) ÷ (B)	
20						
20						
20						
20						
20						
		<b>Countrywide</b>				
Year	(A) Direct premiums written	(B) Direct premiums earned	(C) Direct losses and DCCE paid	(D) Direct losses and DCCE incurred	(E) Incurred loss & DCCE ratio (D) ÷ (B)	
20						
20						
20						
20						
20						

**Attach additional Exhibit D pages as needed.**