

Texas Department of Insurance
Policy Count Exhibit Submittal Instructions
January [current year]

Please read the instructions **thoroughly** before completing the attached Texas Department of Insurance Texas Policy Count Exhibit - Adobe Acrobat interactive form. The form is to be completed after January 1, of the current year, to provide a policy count of in force policies as of December 31, of the prior year.

IMPORTANT: The requested data element definitions may differ from other data element definitions, such as the Market Conduct Annual Statement. Please ensure that your responses encompass the appropriate definitions on the last page of these instructions.

- 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>]

If you have issues accessing the form through the browser, please consider using Internet Explorer (IE). For Firefox or Google Chrome users, please refer to Adobe's instructions [<https://helpx.adobe.com/livecycle/kb/xf-a-forms-firefox-chrome.html>]. If you continue to have issues accessing the form, please contact TDI as directed below and request the form be sent via email.

- Questions or problems accessing the form? Contact TDI by email [contact@tdi.texas.gov] or by phone at [number].

Making the filing:

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, [prior year] please check the "No coverages in force in Texas as of December 31, [prior year]" 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.

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Special instructions for TITLE insurers: Enter the total number of policies **written** during the **preceding five** calendar years [years listed]. This figure is required instead of a count of policies in force as of December 31, [prior year].

- **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.”**
2. 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.
 3. After you have reviewed the form and are ready to submit the data, click on the “Submit by Email” button. NOTE: Before clicking on “Submit by Email,” make sure your email application is open.
 4. Once you have clicked on the “Submit by Email” button, an email should open with the XML form attached to it.
 - If a new email does not automatically open in your default email application, please click on File > Save and save the completed filing to your computer as a PDF. Attach the saved PDF to a new email.
- To: [\[location@tdi.texas.gov\]](mailto:[location@tdi.texas.gov])
Subject: Texas Department of Insurance Policy Count Exhibit
5. Complete the filing by sending the email. Do not attach any other documents or submissions to the email.
 - **IMPORTANT:** After submitting your filing by email, please **do not submit additional copies for the same company unless requested by TDI to do so.**

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- If you need to submit a corrected filing, please update the subject line in the email to note that it is a corrected filing.
 - ***NOTE:** To verify that the form filing was successful, go to your email application sent folder. If you do not see an email addressed to [\[location@tdi.texas.gov\]](mailto:[location@tdi.texas.gov]) in your sent folder with an XML attachment, please try resubmitting the form or refer to the earlier instructions.*
6. When you exit the form, you will get an Adobe Acrobat prompt asking if you would like to save the changes to the “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 Policy Count Exhibit Form.

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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 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.