

# TEXAS PRIVATE PASSENGER AUTOMOBILE STATISTICAL PLAN ANNUAL AGGREGATE EXPERIENCE AND RECONCILIATION REPORT

Reporting Period  
(YYYY) \_\_\_\_\_

**COMPANY**

NAIC Co. # _____	Name and Address	_____
NAIC Group # _____		_____
Phone # _____		_____
FAX # _____		_____
E-mail addr. _____		Contact Name: _____

**MEDIA**

Media Count \_\_\_\_\_ File Count Total \_\_\_\_\_

Diskette   
  CD   
  Labeled Tape   
  Unlabeled Tape   
 Tape Block Size \_\_\_\_\_

**REPORTS**

REPORT NAME	RECORD COUNTS	Filenames (CD & Diskette only)
Annual Aggregate Experience Report	_____	_____
Annual Reconciliation Report	_____	_____

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TICO USE ONLY**    Date Received: \_\_\_\_\_

Ship To: Texas Insurance Checking Office  
Attn: Camilla McDonald

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