

# TEXAS PRIVATE PASSENGER AUTOMOBILE STATISTICAL PLAN QUARTERLY DETAILED EXPERIENCE REPORT

Reporting Period  
(Q/YY)  

**COMPANY**

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

Cartridge Count \_\_\_\_\_ File Count Total \_\_\_\_\_

Labeled Cartridge     
  Unlabeled Cartridge     
 Cartridge Block Size \_\_\_\_\_

**REPORTS**

Voluntary Coverages	Record Counts
Written Premium \$ _____	_____
Paid Loss \$ _____ O/S Loss \$ _____	_____
Paid ALAE \$ _____ O/S ALAE \$ _____	_____
Involuntary Coverages	
Written Premium \$ _____	_____
Paid Loss \$ _____ O/S Loss \$ _____	_____
Paid ALAE \$ _____ O/S ALAE \$ _____	_____

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TICO USE ONLY**      Date Received:  

Ship To: Texas Insurance Checking Office  
Attn: Camilla McDonald

2801 S. IH-35  
Austin, TX 78741-5518

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