

TEXAS PRIVATE PASSENGER AUTOMOBILE STATISTICAL PLAN QUARTERLY DETAILED EXPERIENCE REPORT

Reporting Period
(Q/YY)

COMPANY

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

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: Ed Guerrero

5508 W Hwy 290 Ste. 100
Austin, TX 78735

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