

TEXAS PRIVATE PASSENGER AUTOMOBILE STATISTICAL PLAN QUARTERLY MARKET REPORT

Reporting Period
(Q/YY)

COMPANY

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

Media Count _____	File Count Total _____	
<input type="checkbox"/> Diskette	<input type="checkbox"/> CD	<input type="checkbox"/> Labeled Tape <input type="checkbox"/> Unlabeled Tape
		Tape Block Size _____

REPORTS

Written Premium	VEHICLE COUNTS...	RECORD COUNTS	CD & Diskette Filenames
<i>Voluntary Bodily Injury</i> \$ _____	...on policies in force at <i>start</i> of Reporting Period _____ ...on policies in force at <i>end</i> of Reporting Period _____	----- -----	----- -----

<i>Involuntary Bodily Injury</i> \$ _____	...on policies in force at <i>start</i> of Reporting Period _____ ...on policies in force at <i>end</i> of Reporting Period _____	----- -----	----- -----

<i>Collision</i> \$ _____	...on policies in force at <i>start</i> of Reporting Period _____ ...on policies in force at <i>end</i> of Reporting Period _____	----- -----	----- -----

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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