

TEXAS PRIVATE PASSENGER AUTOMOBILE STATISTICAL PLAN QUARTERLY MARKET REPORT

Reporting Period
(Q/YY) _____

COMPANY

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

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: Camilla McDonald

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

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