

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

CREDIT LIFE INSURANCE EXPERIENCE REPORT

1. Company Code _____
2. Experience of Calendar Year _____ or Policy Year _____
3. Category Code _____
4. Mean Insurance In Force _____
5. Losses Paid _____
6. Increase or decrease in loss reserves, including incurred but unreported _____
7. Losses incurred (Item 5 + Item 6) _____
8. Loss per \$100 of insurance in force
(100 x Item 7 ÷ Item 4) (annual) _____
- *9. Loss per \$100 decreasing base
(Item 8 x $\frac{n+1}{2n}$, n=average term in months) _____
10. Minimum rate per \$100 _____
11. Maximum rate per \$100 _____
12. Average rate per \$100 weighted by
mean insurance in force _____
13. Normal loss ratio
(Item 8 ÷ Item 12) _____

Loss ratio for "Decreasing Term"
(Item 9 ÷ Item 12) _____
14. Premiums Written _____
15. Premiums Earned _____
16. Loss ratio (% of premiums)
(100 x Item 7 ÷ Item 15) _____

*Only applicable to "Decreasing Term."

Please explain the following:

Eligibility requirements – to age 66

Underwriting limitations – Guaranteed Issue

EXPENSES AND DIVIDENDS

	<u>Category*</u>		<u>Category</u>		<u>Category</u>		<u>Category</u>	
	Joint Life		Single Life					
(1) – Actual Dollar Figures for West Virginia 1. Expenses a. Loss expenses b. Commissions c. General insurance expense ¹ d. Taxes, licenses, fees ¹ e. Total 2. Dividends and retrospective rate credits a. Total b. Portion returned to the creditor (if greater than 2a, please explain)								
(2) – Furnish countrywide expense and dividend figures, both in dollars and as percentages of premiums written.** 1. Premiums Written 2. Expenses a. Loss expenses b. Commissions c. General insurance expense d. Taxes, licenses, fees e. Total 3. Dividends and retrospective rate credits a. Total b. Portion returned to the creditor (if greater than 3a, please explain)		%		%		%		%

*It is left to the discretion of the company as to the categorical breakdown it is able to provide. Use additional pages if required.

**These can usually be derived from the Annual Statement supplement entitled “Credit Life and Accident and Health Exhibit” using the columns labeled “Direct.”

¹Allocated using percentages in section 2, #2.

RECONCILIATION BLOCK

	Direct	Reins. Assumed	Reins. Ceded	Net
<u>Group</u>				
Outstanding Bal. Premium Method				
Level Term **				
Decreasing Term				
Other **				
Total				
<u>Individual</u>				
Decreasing Term				
Level Term**				
Other**				
Total				

** No loss statistics are required unless, in the first column, this item exceeds 10% of the total for the category.

CERTIFICATION: I hereby certify that the information contained in this Credit Life Report is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA
CREDIT ACCIDENT AND SICKNESS INSURANCE EXPERIENCE REPORT**

Please indicate what period the experience report pertains to:

Calendar Year _____ or Policy Year ended _____

1. Gross Premium Written (A)		Form No. (C)	
2. Refunds on Termination			
3. Net Premium Written (1-2)		Indicate Group or Individual	
4. Premium Reserve at Start of Period (B)		Brief Description of Type of Coverage (D)	
5. Premium Reserve at End of Period (B)		Premium Rate (A)	
6. Earned Premium (3 + 4 - 5)			
7. Claims Paid		Eligibility Requirements (E)	
8. Reserve for Claims at End of Period		Underwriting Limitations (F)	
9. Reserve for Claims at Beginning of Period		Other Limitations on Coverage	
10. Incurred Losses (7 + 8 - 9)			
11. Loss Ratio – Ratio of Line 10 to Line 6		Class of Business (G)	
		Other Remarks	

- (A) Include membership fees or policy fees and all other insurance fees (excluding reinsurance assumed and without deduction of reinsured ceded), without any reduction or deduction for any purpose or to any extent.
- (B) For purposes of this form, premium reserves shall be reported on a monthly pro-rata basis.
- (C) Experience under forms providing substantially the same benefits at the same premium rates with substantially the same eligibility and underwriting requirements, shall be reported on a combination basis if the difference in the number of the form is primarily due to differences in required uniform provisions or required differences in working of other policy provisions. Where substantially different benefits are provided under the same form, the experience shall be recorded separately.
- (D) Indicate, also, waiting period and whether coverage is retroactive or non-retroactive as well as any approved limits on pre-existing conditions.
- (E) Show eligibility requirements such as age, good health, employment, etc.
- (F) Show such limitations as, statement of good health, use of application, etc.
- (G) Show Cash Loans (small loans, industrial bank loans, etc.); Sales Finance (discount transactions, etc.); Credit Unions, Banks (Commercial and Savings).

CERTIFICATION: I hereby certify that the information contained in this Credit Accident and Sickness Report is true and correct to the best of my knowledge.

(Signed) _____

(Title) _____

(Company) _____

(Address) _____

(Telephone) _____