

VERIFICATION FORM

If the county mutual is grandfathered under §912.056, mark the box “Grandfathered by §912.056” and provide the requested information. If the county mutual is not grandfathered by §912.056, mark the box labeled “Does not apply.” Please return the verification form by December 16, 2011, by email at pcactuarial@tdi.state.tx.us; by fax at (512) 463-6122; or by mail to P&C Actuarial, MC 105-5F, P.O. Box 149104, Austin, TX 78714-9104.

County Mutual: _____

<input type="checkbox"/> Grandfathered by §912.056 <input type="checkbox"/> Does not apply

County Mutual Contact Information:

Name: _____

Phone: _____

If the county mutual is grandfathered by §912.056, please complete the following:

For each line of business (LOB), please list each MGA, district, or local chapter that is currently managing a portion of the company’s business independent of all other business of the county mutual. Please include any entity that had premium in 2010 or that is currently writing business. For each entity, list the name, type (MGA, district, or local chapter), status (new and renewal, renewal only, or run-off if all policies are expected to be nonrenewed or transferred within a year), license number, and 2010 direct written premium (DWP). If the county mutual also has business that is written directly by the county mutual without the use of an independent MGA, district, or local chapter, include a row with the name, type, and license number, listed as “Direct,” “direct,” and “N/A,” respectively. Add additional rows as necessary.

Personal Auto:

Name	Type	Status	License #	DWP
Total DWP				

Commercial Auto:

Name	Type	Status	License #	DWP
Total DWP				

Other Authorized Lines of Business:

LOB	Name	Type	Status	License #	DWP
Total DWP					