

Credit Life and Credit Accident and Health Instructions for Reporting

Reporting Period: January 1, 2019, to December 31, 2019

Introduction

The Texas Department of Insurance (TDI) is statutorily required to regulate credit insurance operations in the state under [Insurance Code, Chapter 1153](#). TDI provides the following instructions to help insurers file experience and expense data about credit life and credit accident and health insurance as required under [28 Texas Administrative Code Sections 3.5701 and 3.5702](#).

The report 1) does not replace any other annual report of credit insurance experience; 2) is separate and distinct from the NAIC Annual Statement and from the deviation request permitted by [28 TAC Section 3.5601](#); and 3) is not used in any manner to determine the financial condition of the company.

The data included in this report must be the direct business of the current insurer only, without adjustment for reinsurance assumed or ceded.

Applicability

The credit data call requires information from companies on credit life and credit accident and health insurance policies in force or written in Texas on loans or other credit transactions of 120 months or less. Only insurers who meet these requirements are required to submit credit life and credit accident and health insurance experience and expense data. Insurers who **do not** meet these requirements are **not** required to submit exempt reports.

Insurers should not report data about fire and casualty coverage.

Report Submission

The reporting period is January 1, 2019, to December 31, 2019, and the reports are due October 31, 2020.

The following are guidelines about report submissions:

- Insurers will submit reports in XML format.
- Insurers will submit reports by email to AHCreditCall@tdi.texas.gov.
- Different insurers cannot consolidate information into one report.

Reporting Form

Insurers required to file a report must complete the data call using an interactive PDF form (LAH001) located on the [Credit life and credit accident and health data call index page](#) of TDI's website. The reporting form contains fillable fields that must be completed electronically using Adobe Reader 9.0 or

higher. TDI recommends downloading the form before entering data. Insurers attempting to complete the form while it is open in an internet browser may run into problems.

The reporting form has the following sections:

- Company and Contact Information;
- Form CI-EX-L Credit Life Insurance Experience Report (Plan of Benefits 01-08);
- Form CI-EXP-L Credit Life General Expense Report;
- Form CI-EX-DIS Credit Disability Insurance Experience Report (Plan of Benefits 10-26);
- Form CI-EXP-DIS Credit Disability General Expense Report;
- Form CI-ACT-CERT Actuarial Reserve Certification; and
- Form CI-VAL-AFF Affidavit of Validity of Experience Data.

The reporting form includes required fields (outlined in red) that insurers must complete before submitting the form. In addition, when insurers attempt to submit the reporting form, warning messages may appear about possible data issues. To reduce the number of reports with data errors, TDI asks insurers to review each warning message and make revisions as necessary to ensure the data is accurate.

More information about possible data issues is located in Appendix A and examples of report calculations are located in Appendix B.

Company and Contact Information

Insurers must provide all required information. The only optional item is the question about whether the insurer had any credit life and credit accident and health insurance in force during the reporting period. Insurers who mark this box are not required to submit the report.

Form CI-EX-L Credit Life Insurance Experience Report

The purpose of these forms is to provide statewide experience data to decide whether the benefits provided under contracts of credit insurance are reasonable in relation to the premiums charged. Insurers will report information for each class of business and plan of benefits.

The following is more information about some of the form fields:

- **Line 1a – Net Written Premiums** – Gross premium written (before deductions for dividends and experience rating credits) less refunds on terminations.
- **Line 1d – Actual Earned Premiums** – Total of all premiums earned at the premium rates actually charged and in force during the experience period.
- **Line 1e – Earned Premiums at Presumptive Rate** – Actual earned premiums adjusted on form CI-EP-L to the amount that would have been earned had the premium rate during the experience period been equal to the presumptive rate in effect at the end of the reporting year. If premiums in force differ from the presumptive rate in effect at the end of the reporting year, line 1d will not equal line 1e. Earned premiums at presumptive rates should be reported before applying the discount factor.
- **Line 4 – Mean Insurance In Force** – Average of the monthly amounts excluding reinsurance assumed or ceded. For joint coverage, the amount of insurance in force should equal the death benefit payable under the contract and not be reported as twice the death benefit.

- **Line 6a – Commissions and Service Fees Incurred** – Total amount of commissions and service fees incurred in Texas for direct business only. Commissions and services fees incurred means those that are paid plus the change in due and unpaid commissions and services fees. The commissions must include commissions for agents or general agents and must be reported separately for each class of business and plan of benefits.

Form CI-EX-DIS Credit Disability Insurance Experience Report

The purpose of these forms is to provide statewide experience data to decide whether the benefits provided under contracts of credit insurance are reasonable in relation to the premiums charged. Insurers will report information for each class of business and plan of benefits.

The following is more information about some of the form fields:

- **Line 1a – Net Written Premiums** – Gross premium written (before deductions for dividends and experience rating credits) less refunds on terminations.
- **Line 1d – Actual Earned Premiums** – Total of all premiums earned at the premium rates actually charged and in force during the experience period.
- **Line 1e – Earned Premiums at Presumptive Rate** – Actual earned premiums adjusted on form CI-EP-DIS to the amount that would have been earned had the premium rate during the experience period been equal to the presumptive rate in effect at the end of the reporting year. If premiums in force differ from the presumptive rate in effect at the end of the reporting year, line 1d will not equal line 1e. Earned premiums at presumptive rates should be reported before applying the discount factor.
- **Line 4a – Commissions and Service Fees Incurred** – Total amount of commissions and service fees incurred in Texas for direct business only. Commissions and services fees incurred means those that are paid plus the change in due and unpaid commissions and services fees. The commissions must include commissions for agents or general agents and must be reported separately for each class of business and plan of benefits.

Form CI-EXP-L Credit Life General Expense Report and Form CI-EXP-DIS Credit Disability General Expense Report

The purpose of these forms is to provide general expense and allocation information to help TDI issue presumptive premium rates for Texas. For credit life coverage, the data should be the total of all classes of business and plans of life benefits. For credit disability coverage, the data should be the total of all classes of business and plans of disability benefits. Insurers will only report general expense data for loans or other credit transactions not exceeding 120 months.

The first section of the expense reports consists of five questions about single premium policies and certificates of insurance in force and average terms for Texas and nationwide. For the first four questions, if coverage of life and disability were written on the same policy or certificate of insurance, report the coverages as if each had been written separately.

The following is more information about the questions:

- **Lines 1a and 2a** – Total number of single premium policies and certificates of insurance that took effect (incepted) during the reporting year.
- **Lines 1b and 2b** – Total number of single premium policies and certificates of insurance that took effect before the reporting year and are still in force at the end of the reporting year.
- **Lines 1c and 2c** – Total number of single premium policies and certificates of insurance that terminated during the reporting year.
- **Lines 1d and 2d** – Sum total of single premium policies and certificates of insurance that were in force at the beginning of the reporting year.
- **Lines 1e and 2e** – Sum total of single premium policies and certificates of insurance that were in force at the beginning of the reporting year plus those that took effect during the reporting year minus those that terminated during the reporting year.
- **Lines 3a and 4a** – Total number of monthly outstanding balance policies and certificates of insurance that took effect (incepted) in the reporting year.
- **Lines 3b and 4b** – Sum total of monthly outstanding balance policies and certificates of insurance that were in force at the beginning of the reporting year.
- **Lines 3c and 4c** – Sum total of monthly outstanding balance policies and certificates of insurance that were in force at the beginning of the year plus those that took effect during the reporting year minus those that terminated during the reporting year.
- **Line 5a** – Average original term of all single premium policies and certificates of insurance that took effect in **Texas only** during the reporting year. Round term to the nearest whole month.
- **Line 5b** – Average original term of all single premium policies and certificates of insurance that took effect **nationwide** during the reporting year. Round term to the nearest whole month.

The second section of the expense reports is the expense and allocation table. The number of lines completed in the table depends on how insurers generated the expense numbers in the applicable exhibit of the NAIC Annual Statement. The total in line 10 must equal the amount entered for general insurance expenses in line 23 of column six for credit life and column 10 for credit accident and health, respectively, of the Analysis of Operation by Lines of Business Exhibit in the Life and Health Annual Statement. Finally, the total in line 10 must equal the sum of all previous amounts entered in column two. Insurers who use the Property and Casualty Annual Statement for reporting must match line 14, column 29 of Part II – Allocation to Lines of Business Net of Reinsurance.

The following is more information about the table:

- **Expense Item** – Expense line items are listed exactly as they appear in Exhibit 2 of the NAIC Life Annual Statement for life, accident, and health carriers. For insurers who use the Property and Casualty Annual Statement for reporting, these items track the Underwriting and Investment Exhibit, Part 3 (Expenses). Insurers completing the Health Annual Statement for reporting track the Underwriting and Investment Exhibit, Part 3 (Analysis of Expenses).
- **Amount** – Enter the amount of each expense line item. The total should reconcile to the amount shown on the Analysis of Operations by Lines of Business of the NAIC Life Annual Statement for the reporting year. For life, accident, and health insurers, refer to line 23, column six for credit life coverages or line 23, column 10 for credit accident and health coverages. Insurers who use the Property and Casualty Annual Statement for reporting must match line 14, column 29 of Part II – Allocation to Lines of Business Net of Reinsurance.
- **Percentage Allocated** – General expenses fall into two categories—directly incurred and allocated. Expenses directly incurred are exclusively attributable to credit life or credit accident and health insurance. Some examples of directly incurred expenses would be salaries,

professional fees, and marketing expenses whose expenditure is solely a function of credit life or credit accident and health insurance transactions. Allocated expenses include corporate overhead or other expenses shared with lines of insurance other than credit life or credit accident and health. For example, if an insurer sells several lines of insurance in addition to credit life and credit accident and health, the share of corporate management salaries assigned to credit life or credit accident and health would be the result of an allocation.

- **Basis for Allocation** – Explain any allocation percentages that are greater than zero percent. Examples include office space square footage, number of employees, premium volume, number of claims, policies or certificates of insurance in force or issued, or any other basis.

The following is more information about the final three items on the expense report:

- **Line 7a** – Insurers who allocate or incur sundry general expenses (line 6.6) will list the major components of the expense items.
- **Line 7b** – Insurers who allocate or incur aggregate write-ins (line 9.3) will list the major components of the expense items.
- **Line 7c** – If the company writes creditor-paid insurance, provide the ratio of premiums written during the reporting period for creditor-paid business to all business and the ratio of policies and certificates in force at the end of the reporting period for creditor-paid business to all business.

More information about the expense report is located in Appendix C.

Form CI-ACT-CERT Actuarial Reserve Certification

The purpose of this form is to provide verification of the method used to calculate the unearned premium reserves for single premium credit insurance. For the purpose of this form, a qualified actuary is a member of the American Academy of Actuaries.

Form CI-VAL-AFF Affidavit of Validity of Experience Data

The purpose of this form is to provide an affidavit about the completeness and validity of the credit insurance experience data submitted. The affidavit requires the name, title, and direct telephone number of a company officer. By clicking on the attestation box, the insurer certifies the information submitted is a full and true statement of the credit experience for the reporting year, according to the best information, knowledge, and belief of the affiant.

Other Forms, Calculations, and Work Papers

Insurers are required to keep copies of all calculations, work papers, and other data used to prepare the report at the company home office. This information does not have to be submitted to TDI with the report; however, it must be available for examination by the Commissioner of Insurance as necessary.

Insurers must complete and keep the following forms at the home office:

- CI-I-PR Inventory Information Form – Presumptive Rates;
- CI-I-DR Inventory Information Form – Deviated Rates;
- CI-EP-L Earned Premium Credit Life Insurance;
- CI-EP-DIS Earned Premium Credit Disability Insurance;

- CI-R-L Reconciliation to State Page Credit Life; and
- CI-R-DIS Reconciliation to State Page Credit Disability.

More information about these forms is in Appendix D.

Data Submission Instructions

Insurers must complete the data call using an interactive PDF form (LAH001) located on the [Credit life and credit accident and health data call index page](#) of TDI's website. The reporting form contains fillable fields that must be completed electronically using Adobe Reader 9.0 or higher. TDI recommends downloading the form before entering data. Insurers attempting to complete the form while it is open in an internet browser may run into problems.

Insurers can print a copy of the completed PDF form by clicking "Print Form" at the end of the form. The completed PDF form cannot be saved as a PDF using Adobe Reader. The following are the instructions for submitting the form by email using either a desktop email application or an internet-based email application.

Desktop Email Application – Open the applicable email application before attempting to submit the form. Then, click "Submit by Email" at the end of the form and a message with information will appear. Click "OK" and the "Select Email Client" dialog box will appear. Select "Desktop Email Application" and click "OK." A new email message with an XML file attachment should appear. Address the message to AHCreditCall@tdi.texas.gov and enter "2018 Credit Life and Credit Accident and Health Data Call" as the subject of the message followed by the insurer's NAIC number.

Internet-based Email Application (Gmail, Hotmail, etc.) – Click "Submit by Email" at the end of the form and a message with information will appear. Click "OK" and the "Select Email Client" dialog box will appear. Select "Internet Email" and click "OK" and follow the webmail instructions. Address the message to AHCreditCall@tdi.texas.gov and enter "2018 Credit Life and Credit Accident and Health Data Call" as the subject of the message followed by the insurer's NAIC number. Include the insurer's name in the body of the message.

As previously stated, form LAH001 cannot be submitted if any of the required fields are incomplete. If an insurer clicks on "Submit by Email" and a required field is blank, an error message will display and a red border will appear around the fields that require completion. Once all of the fields are completed, click on "Submit by Email" to convert the data to an XML attachment. TDI will only accept reports submitted in XML format using the prescribed form to ensure that the data is complete and processed correctly. **TDI will not accept any reports submitted as a PDF or in a different format, including scanned PDF files.**

Insurers do not need to mail the report TDI. The electronic submission is sufficient for meeting the reporting requirements.

Questions?

Send questions about the credit data call to AHCreditCall@tdi.texas.gov.

Appendix A: Possible Data Issues

Below is a checklist of items that insurers need to review before submitting the report. The list does not include all reporting items, just ones commonly found during data analysis. Some entries may be correct and still be flagged during edit checks. For example, a company may collect premium and not pay commission on the premium. Insurers will have the opportunity to provide explanations through the post-submission edit check process. The expense exhibit items are not applicable to fire and casualty exhibits, and insurers should not report data about fire and casualty coverage.

Experience Exhibits

- If the class of business is “Other,” enter the description of the class of business.
- Commissions and service fees percentage must not be zero if net written premiums amount is not zero.
- If the net written premiums amount is greater than \$10,000, then premium reserve, end of period must be within \$100 of premium reserve, beginning of period of the following year’s exhibit. In addition, unreported claims, end of period must be within \$100 of unreported claims, beginning of period of the following year’s exhibit. Claim reserve, end of period must be within \$100 of claim reserve, beginning of period of the following year’s exhibit.
- If the net written premiums amount is greater than zero, then commissions and service fees incurred must be greater than zero.
- If the net written premiums amount is greater than zero, mean insurance in force should be greater than net written premiums.
- Premium reserve, beginning of period; premium reserve, end of period; claims paid; unreported claims, beginning of period; unreported claims, end of period; claim reserve, beginning of period; and claim reserve, end of period must all be greater than or equal to zero.
- If the net written premiums amount is less than zero, provide an explanation.

Expense Exhibits

- If total general expense is greater than or less than zero, enter the percentage allocated.
- If total general expense is greater than or less than zero, and the percentage allocated is greater than zero percent, enter the basis for the allocation.
- For itemized amounts of general expense items, the total expense line should be the sum of the general expense items with a tolerance of plus or minus one.
- If sundry general expenses are greater than zero, then insurers must provide a list of the major components of these expenses.

- If aggregate write-ins are greater than zero, then insurers must provide a list of the major components of these expenses.
- The total number of single premium policies and certificates of insurance in force at the end of the reporting period should equal the number of policies and certificates incepted in the reporting year plus the number of policies and certificates at the start of the reporting period minus the number of policies and certificates going out of force during the reporting year for any reason, with a tolerance of plus or minus one.

Appendix B: Examples of Report Calculations

Examples 1, 2, and 3 assume that insurers are able to use a seriatim valuation approach to convert actual earned premium to earned premium at presumptive rate. If this type of approach is not possible, insurers have the option of estimating the average term of the policies within each specific plan of benefits before making the conversion in aggregate. Example 4 addresses the aggregate approach to converting actual earned premium. Examples are for “All Classes Except Class E.”

The following assumptions apply to examples 1, 2, and 3: the policy type is single premium reducing term; the term (n) is 24 months; and the actual earned premium is \$100.

Example 1

Policy issued in July 2010; no rate deviation.

$$\begin{aligned}
 \text{Discount factor} &= \frac{1}{1 + ((0.035 \times n)/24)} \\
 &= \frac{1}{1 + ((0.035 \times 24)/24)} \\
 &= 0.96618
 \end{aligned}$$

2010 earned premium at presumptive rate before discount

$$\begin{aligned}
 &= \frac{\text{Actual earned premium for 2010}}{\text{Discount factor}} \\
 &= \frac{\$100}{0.96618} \\
 &= \$103.50
 \end{aligned}$$

Example 2

Policy issued in July 2009; actual rate charged is \$0.40; and \$0.322 is the presumptive rate in effect on December 31, 2010, before discount.

2010 earned premium at presumptive rate before discount

$$\begin{aligned}
 &= \text{Actual earned premium for 2010} \quad \times \quad \frac{\text{Presumptive rate in effect } 12/31/2010 \text{ before discount}}{\text{Actual rate charged}} \\
 &= \quad \$100 \quad \times \quad \frac{0.322}{0.40} \\
 &= \quad \$100 \quad \times \quad 0.805 \\
 &= \quad \$80.50
 \end{aligned}$$

Example 3

Policy issued in October 2011 with 30 percent automatic upward rate deviation; and \$0.322 is the presumptive rate in effect on December 31, 2011, before discount.

$$\begin{aligned}
 \text{Discount factor} &= \frac{1}{1 + ((0.035 \times n)/24)} \\
 &= \frac{1}{1 + ((0.035 \times 24)/24)} \\
 &= 0.96618
 \end{aligned}$$

$$\begin{aligned}
 \text{Actual rate charged} &= 0.322 \times 1.30 \times 0.96618 \\
 &= 0.40444
 \end{aligned}$$

2011 earned premium at presumptive rate before discount

$$\begin{aligned}
 &= \text{Actual earned premium for 2011} \times \frac{\text{Presumptive rate in effect 12/31/2011 before discount}}{\text{Actual rate charged}} \\
 &= \$100 \times \frac{0.322}{0.40444} \\
 &= \$100 \times 0.79616 \\
 &= \$79.62
 \end{aligned}$$

The following assumptions apply to Example 4 when a seriatim valuation approach is not possible: the policy type is single premium reducing term; 10 policies are in force; the average term (n) for all policies is 48 months; and the actual earned premium is \$100 per policy.

Example 4

There is no rate deviation; the aggregate actual earned premium for all 10 policies is \$1,000; and the average term is 48 months.

$$\begin{aligned}
 \text{Discount factor} &= \frac{1}{1 + ((0.035 \times n)/24)} \\
 &= \frac{1}{1 + ((0.035 \times 48)/24)} \\
 &= 0.93458
 \end{aligned}$$

2010 earned premium at presumptive rate before discount

$$\begin{aligned}
 &= \frac{\text{Aggregate actual earned premium}}{\text{Discount factor for average term}} \\
 &= \frac{\$1,000}{0.93458} \\
 &= \$1,070.00
 \end{aligned}$$

Appendix C: Expense Report

In the expense and allocation table, insurers will enter the percentage allocated for each general expense line item resulting from an allocation as opposed to being directly incurred. Below is a list of examples.

- If the amount in line 23 (general expenses) of the Analysis of Operations by Lines of Business in the Annual Statement for Credit Life and Credit Disability is an allocation of corporate general expenses, enter that dollar amount in the amount column for line 10. Total and enter 100 percent in the percentage allocated column for line 10. Provide an explanation of the basis for the allocation.
- If legal fees are only incurred in conjunction with credit life claims or other credit life activities, enter zero percent for percentage allocated in line 4.1.
- If traveling expenses are incurred jointly and only for the benefit of credit life and credit accident and health, and if the total amount is allocated to each line, enter 100 percent for percentage allocated in line 5.1, and provide an explanation of the basis for the allocation.
- If the cost of claim investigation and settlement consists partly of contract investigators incurred solely on behalf of credit life claims for \$30,000, and partly as a result of a corporate allocation of claims investigation for \$30,000, enter \$60,000 in the amount column for line 4.5. Enter 50 percent for percentage allocated and provide an explanation of the basis for the allocation.
- The amounts entered on line 23 (general expenses) of the Analysis of Operations by Lines of Business in the Annual Statement for Credit Life and Credit Disability are an allocation of total corporate general expenses. In this example, an insurer sells only credit life and credit disability insurance, and has total general expenses of \$1,000 for both lines of insurance. The insurer decides to allocate general expenses based on written premium, which is 40 percent from credit life and 60 percent from credit disability. The insurer would enter \$400 in the total line of the credit life table and \$600 in the total line of the credit disability table. Because the entire amount resulted from an allocation, the insurers will enter 100 percent for the percentage allocated on both tables. Finally, the insurer will provide an explanation similar to the following as the basis for allocation on each table: "All credit insurance general expenses are allocated between credit life and credit disability according to each line's share of total written premium."
- The insurer tracks general expenses company-wide in three major groups and allocates a portion of each groups' totals to credit life and credit disability. In this example, the insurer would enter only three lines of the expense table based on the groups. Each line would show the expense amount, 100 percent for percentage allocated, and the explanation of the basis for allocation. The explanation must include a list of the items included in the group.
- The insurer tracks traveling expenses as a separate expense item that is incurred jointly and only for the benefit of credit life and credit accident and health. The insurer allocates total traveling expenses to each line based on the number of new policies issued. If total traveling expenses are \$100,000 and there are 2,500 new credit life policies and 7,500 new credit disability policies in the experience year, the insurer will enter \$25,000 as the amount for line 5.1 of the credit life form and \$75,000 as the amount for line 5.1 of the credit disability form. The insurer will enter

100 percent for the percentage allocated on both forms and provide an explanation of the basis for the allocation.

Appendix D: Other Forms

Insurers are required to keep copies of all calculations, work papers, and other data used in preparing the report at the company home office. This information does not have to be submitted to TDI with the report; however, it must be available for examination by the Commissioner of Insurance as necessary. More information about these forms is provided below.

CI-I-PR Inventory Information – Presumptive Rates

CI-I-DR Inventory Information – Deviated Rates

The purpose of these forms is to identify all classes and plans of credit insurance that the insurer either wrote any premium or held any unearned premium reserves during the year. Insurers must complete separate forms for each class of business as indicated at the top of the forms.

CI-EP-L Earned Premium Credit Life Insurance

CI-EP-DIS Earned Premium Credit Disability Insurance

The purpose of these forms is to convert actual earned premiums to the amount of premiums that would have been earned had all business been written at the presumptive rate in effect at the end of the reporting year. Insurers should report earned premiums at presumptive rates before applying the discount factor. The forms include actual earned premium at the presumptive rate, in effect at the end of the reporting year. This data is for balancing purposes only, and in no way indicates that the CI-EP-L or CI-EP-DIS forms must be completed if the actual earned premium is equal to presumptive earned premium, in effect at the end of the reporting year.

Insurers will complete the forms, as applicable, for each CI-EX-L Credit Life Insurance Experience Report or CI-EX-DIS Credit Disability Insurance Experience Report where the presumptive earned premium differs from the actual earned premium.

Actual earned premiums are converted to presumptive earned premiums by using a conversion factor that is the ratio of the presumptive premium rate to the actual premium rate. This conversion must be done for each premium rate with premiums in force during the experience period. The overall totals must agree to the correct lines of the CI-EX-L Credit Life Insurance Experience Reports or CI-EX-DIS Credit Disability Insurance Experience Reports.

On the CI-EP-L form the presumptive earned premium is the product of the actual earned premium multiplied by the conversion factor. On the CI-EP-DIS form, since deviated rates generally can be expressed as a percentage of the presumptive rates, the conversion factor will tend to be constant for all periods. When using the CI-EP-DIS form, the conversion factor used is the average of three ratios taken between presumptive and actual rates for terms of 12, 24, and 36 months. The sum of these ratios, divided by three, becomes the conversion factor.

Insurers should reproduce these forms as necessary to present the required conversion for all premium rates in force during the experience period.

CI-R-L Reconciliation to State Page Credit Life
CI-R-DIS Reconciliation to State Page Credit Disability

The purpose of these forms is to present a reconciliation between current year data presented on the various forms and the total presented on the "Direct Business in the State of Texas During the Year" page of the annual statement.

Line references included in the column headings refer to the CI-EX-L Credit Life Insurance Experience Reports and CI-EX-DIS Credit Disability Insurance Experience Reports. Because of the volume of experience reports that may be filed, insurers need to make sure that identifying page numbers are listed correctly on the experience reports and reconciliation forms.

Insurers should reproduce these forms as necessary to include all experience reports.