

Texas Private Passenger Auto Statistical Plan

Effective April 1, 2026

Texas Private Passenger Auto Statistical Plan

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Section A:

General Reporting Instructions

Texas Private Passenger Auto Statistical Plan

Effective April 1, 2026

General Reporting Instructions

1. Texas Private Passenger Auto Statistical Plan

This document is the Texas Private Passenger Automobile Statistical Plan. The Statistical Plan has been promulgated by the Texas Commissioner of Insurance. Any questions about reporting requirements, the definition of data elements and/or the use of data reported to the designated statistical agent shall be directed to the Texas Department of Insurance:

Data Services Team, MC-PC-ACT
Texas Department of Insurance
PO Box 12030
Austin, TX 78711-2030

Email: atacall@tdi.texas.gov

2. Statistical Agent

The Texas Commissioner of Insurance has designated the Texas Insurance Checking Office (TICO) as the statistical agent for Texas private passenger automobile experience. The statistical agent serves the Commissioner of Insurance. Only questions about the physical reporting of data or data formats required in this Plan shall be directed to TICO:

Texas Insurance Checking Office
(512)-444-9662

General Reporting Instructions

3. Direct Business Reporting

Every company with direct private passenger automobile business in Texas shall report its experience in accordance with instructions set forth in this manual.

Reports shall not include premiums received from, or losses paid to, other companies because of reinsurance assumed by the reporting company. No deductions shall be made by the reporting company for premiums ceded to, or for losses recovered from, other companies because of reinsurance ceded.

4. Reporting Companies

For purposes of this statistical plan, there are two categories of reporting companies:

- A. All Companies includes every company with direct private passenger automobile business in Texas; and
- B. Companies in the Top Reporting Group (TRG): The Commissioner designates the members of the TRG and may revise the composition of the TRG as necessary. As of January 1, 1994, the TRG includes every company in the following groups:
 - State Farm Insurance Group
 - Allstate Insurance Group
 - Farmers Insurance Group
 - Aetna Insurance Group
 - Texas Farm Bureau Insurance Group
 - GEICO Insurance Group
 - USAA Insurance Group
 - Trinity Universal Insurance Group
 - Progressive Insurance Group

Effective January 1, 1997, companies in the following groups are included in the TRG and shall submit the Quarterly Detailed Experience Report.

- Travelers Insurance Group
- Nationwide Insurance Group

5. Required Reports

The Texas Private Passenger Auto Statistical Plan contains the following reports:

- A. Annual Aggregate Experience
All companies writing direct private passenger automobile business in Texas shall annually submit this report of aggregate premium and loss experience. This report is due on May 15 following the end of the experience period. The first report shall include experience through calendar/accident year 1994 and is due by May 15, 1995.
- B. Annual Reconciliation
All companies writing direct private passenger automobile business in Texas shall annually submit this report reconciling the Annual Aggregate Experience Report with Annual Statement Texas Page 14 data. This report is due on May 15 following the end of the experience period. The first report shall cover experience in calendar year 1994 and is due by May 15, 1995.
- C. Quarterly Market
All companies writing direct private passenger automobile business in Texas shall quarterly submit this report of insured vehicles by zip code. This report is due 45 days after the end of the experience quarter. The first three reports -- one for third quarter 1993 experience, one for fourth quarter 1993 experience and one for first quarter 1994 experience -- are due by May 15, 1994.
- D. Quarterly Detailed Experience
Companies in the Top Reporting Group, described in Section 4 of these General Instructions, shall quarterly submit this report of detailed experience. This report is due 45 days after the end of the experience quarter. The first report shall include experience in the second quarter 1994 and is due by August 15, 1994.
- E. Quarterly Cancellation, Nonrenewal, and Declination Notices
All companies writing direct private passenger automobile business in Texas must quarterly submit this report of cancellation, nonrenewal, and declination notices. This report is due 45 days after the end of the experience quarter.
- F. Quarterly Number of Actual Cancellations, Nonrenewals, and Declinations
All companies writing direct private passenger automobile business in Texas must quarterly submit this report of the number of actual cancellations, nonrenewals, and declinations. This report is due 45 days after the end of the experience quarter.

For each report, use the appropriate two-digit code as directed:

<u>Code</u>	<u>Report Name</u>
11	Annual Aggregate Experience
12	Annual Reconciliation
14	Quarterly Market
16	Quarterly Detailed Experience
17	Quarterly Detailed Experience, Limited Reporting
18	Quarterly Detailed Experience, Special Excess
19	Quarterly Detailed, Special Excess Limited Reporting
21	Quarterly Cancellation, Nonrenewal, and Declination Notices
22	Quarterly Number of Actual Cancellations, Nonrenewals, and Declinations

General Reporting Instructions

6. County Mutuals' Reporting Requirements

This Texas Statistical Plan Reporting Manual requires County Mutual insurance companies to report their experience to the statistical agent for the first time. Some County Mutuals operate as traditional insurers through independent and captive agents. Other County Mutuals "sell their paper" to Managing General Agents (MGA). Under this procedure, the MGA establishes the underwriting guidelines and rates for the program and lines up a reinsurance (usually 100%) program. For a fee to the County Mutual, the MGA sells insurance using the County Mutual's name. For the purposes of this statistical plan reporting manual, we refer to these types of County Mutual - MGA relationships as "fronting."

All County Mutuals that front for one or more MGAs writing direct business in the state of Texas shall report all data required in Section 5 of these General Instructions separately for each MGA, in addition to reporting the County Mutual's own direct business. For the purpose of reporting individual MGA activity, each fronting County Mutual shall assign a permanent and unique 3-digit code to each MGA. The unique 3-digit code assigned to each MGA by a County Mutual must be the same for all required statistical plans in the state of Texas, including the Texas Statistical Plan for Residential Property and the Texas Statistical Plan for Commercial Lines.

Every County Mutual with a fronting arrangement as described in this section shall initially report the legal business name, legal business address and assigned three-digit code for relevant MGAs by March 15, 1994, to the statistical agent. Every County Mutual with a fronting arrangement as described in this section shall immediately notify the statistical agent of any additions, deletions or changes to the initial list of relevant MGAs.

7. Reporting Media and Data Formats

All reports described in Section 5 of these General Instructions shall be submitted on tape or diskette. Experience for multiple companies may be submitted on a single tape or diskette. Include a separate transmittal form for each reporting company.

A. Tape Reporting

Tapes shall be round reel (1600 or 6250 BPI, capable of being read by a 3420 tape drive) or cartridge (3480 standard or 3480 IDRC Compacted) with a block size not greater than 32,760. Report all data according to the field positions described in this manual.

Alphanumeric (text) entries shall be left aligned. Numeric entries shall be right aligned. Each data element is identified in the specific instructions as either numeric or alphanumeric. Numeric fields shall be zero filled. Negative amounts shall be indicated in the units position as follows:

Value	Symbol	Hex Code
-0	}	D0
-1	J	D1
-2	K	D2
-3	L	D3
-4	M	D4
-5	N	D5
-6	O	D6
-7	P	D7
-8	Q	D8
-9	R	D9

General Reporting Instructions

B. Diskette Reporting -- File Formats

Diskettes shall be high-density 3 1/2" (1.44 or 2.88 Megabyte capacity) with the data presented in one of the following formats:

- ASCII Fixed Field Length: Each field is the same length (number of columns) and in the same position for every record. The position locations for each field described in this manual are relevant only for tape reporting and ASCII Fixed Field Length diskette reporting. Alphanumeric (text) entries shall be left aligned. Numeric entries shall be right aligned. Each data element is identified in the specific instructions as being either numeric or alphanumeric. Numeric fields shall be zero filled. Negative entries shall be indicated as described above for tape reporting.
- ASCII Comma Delimited: All fields, even blank entries, are separated by commas. Quotations marks (" ") encase alphanumeric entries within the field-separating commas. The position locations for each field described in this manual are not relevant to ASCII Comma Delimited diskette reporting. Negative numeric entries shall have a minus sign (-) to the left of the first digit of the numeric entry.
- PC Database Format: Data may be submitted in the .DBF file format.

General Reporting Instructions

C. Diskette Reporting -- File Name Conventions

For diskette reporting, the following conventions shall be used for naming files:

File Name is **AAABBBBB.CCC** where:

AAA is one of the following report codes;

AAE for Annual Aggregate Experience

ANR for Annual Reconciliation

QM1 for 1st Quarter Market

QM2 for 2nd Quarter Market

QM3 for 3rd Quarter Market

QM4 for 4th Quarter Market

QD1 for 1st Quarter Detailed Experience

QD2 for 2nd Quarter Detailed Experience

QD3 for 3rd Quarter Detailed Experience

QD4 for 4th Quarter Detailed Experience

BBBBB is the NAIC Company Number.

CCC indicates one of the following file formats:

TXT for ASCII Fixed Field Length;

CDL for ASCII Comma Delimited; and,

DBF for PC Database Format.

File compression using the ZIP format is allowed. Multiple files may be compressed into one ZIP file.

General Reporting Instructions

8. Transmittal Form

A separate transmittal form for every company (not group) included in the submission shall accompany every data submission. A sample transmittal form, which can be copied and used, is included with this Statistical Plan. The transmittal form shall contain the following information:

- A. Company Name
- B. NAIC Company Code
- C. Record Count For Each Report
- D. Type of Reporting Medium -- Tape or Diskette
- E. Record and Format Information
For tape, report the record and block length of the file. For diskette, report the file format used.
- F. Paper Printout of First Ten (10) Records from Each Report for Tape Reporting
For tape reporting, submit a hard-copy printout of the first ten (10) records in hex-dump format. For diskette reporting, do not submit a paper printout of records.
- G. Control Totals For Significant Fields
 1. Annual Aggregate Experience Report
No control totals required.
 2. Annual Reconciliation Report
No control totals required.
 3. Quarterly Market Report
Provide a total for each coverage-data element combination:

Data Elements

- Written Premiums
- Vehicles on Policies in Force at End of Previous Quarter
- Vehicles on Policies in Force at End of Current Quarter

Coverages

- Voluntary Bodily Injury
- Involuntary Bodily Injury
- Collision

G. Control Totals For Significant Fields (cont.)

4. Quarterly Detailed Experience Report

Provide totals for each coverage-data element combination:

Data Elements

- Premium
- Paid Loss
- Outstanding Loss
- Paid Allocated Loss Adjustment Expense
- Outstanding Allocated Loss Adjustment Expense

Voluntary Coverages

- Bodily Injury Liability (BI)
- Property Damage Liability (PD)
- Combined BI/PD -- Single Limits
- Combined BI/PD -- Split Limits
- Personal Injury Protection (PIP)
- Medical Payments (MP)
- Uninsured/Underinsured Motorists BI (UM/UIM BI)
- Uninsured/Underinsured Motorists PD (UM/UIM PD)
- Combined UM/UIM BI/PD -- Single Limits
- Combined UM/UIM BI/PD -- Split Limits
- Other Liability
- Collision (Coll)
- Other Than Collision (OTC)

Involuntary Coverages

- Bodily Injury Liability (BI)
- Property Damage Liability (PD)
- Personal Injury Protection (PIP)
- Medical Payments (MP)
- Uninsured/Underinsured Motorists BI (UM/UIM BI)
- Uninsured/Underinsured Motorists PD (UM/UIM PD)

5. Quarterly Report of Cancellation, Nonrenewal, and Declination Notices

Provide the Notified Policy Count separately for each action type (cancellation, nonrenewal, and declination). County mutuals that act as a front for managing general agents (MGA) must submit separate notified policy counts for each MGA.

6. Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations

Provide the Actualized Policy Count separately for each action type (cancellation, nonrenewal, and declination). County mutuals that act as a front for managing general agents (MGA) must submit separate actualized policy counts for each MGA.

General Reporting Instructions

9. External Tape and Diskette Labels

Each tape or diskette submitted shall have an external label showing the company name, NAIC code, submission date and experience reported (i.e., 1Q/94 market). If the tape or diskette contains experience for multiple companies, include the name and NAIC number of each company. The group name and number alone are not sufficient.

Each tape label shall also include record length and block size, tape number (if multiple tapes are submitted), and format (EBCDIC or ASCII, labeled or unlabeled).

Each diskette label shall also include data format, file name(s) and disk number (if multiple disks are submitted).

10. Affidavit

An attestation to the accuracy and completeness of the data must be included with the submitted reports.

11. Data Quality Acceptance Standards

Upon receipt of submitted data, the statistical agent will conduct a basic edit check of reported data. If the information on the transmittal form does not agree with the data on the tape/diskette or if greater than 1% of the records contain invalid formats, invalid codes and/or illogical entries, the statistical agent will reject the data submission and return it to the reporting company for correction and resubmission.

The statistical agent will make available a basic edit package so companies may edit data prior to submission to the statistical agent.

In addition to the basic edit checks, the statistical agent will employ other means for verifying the accuracy of reported data. The statistical agent may reject faulty data and require resubmission of corrected data.

12. Revisions to Statistical Plan Manual

When revisions to this statistical plan manual are made, the revisions will be posted on the TDI website.

General Reporting Instructions

This page is reserved for future use.

Section B:

Annual Aggregate Experience Report

Annual Aggregate Experience Report

Specific Instructions

1. Report Description

Every company with direct private passenger automobile premium or loss experience in Texas shall annually submit this report of aggregate loss and loss adjustment expense on a calendar/accident year basis and aggregate earned premium experience on a calendar year basis.

County Mutuals that act as a front for managing general agents (MGAs) shall submit data for each MGA separately. See Section 6 of the General Instructions for more information.

2. Due Dates For Submission

The Annual Aggregate Experience Report shall be submitted to the statistical agent by May 15 following the end of the experience period.

The first report will include experience through calendar/ accident year 1994 and will be due by May 15, 1995.

Annual Aggregate Experience Report

3. Private Passenger Automobile Groupings

For the purpose of the Annual Aggregate Experience Report, all experience -- and only the experience -- reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14 shall be reported in one of two groups. Although some insurers report some experience written on a personal auto policy (as defined by the Texas Automobile Rule and Rating Manual) as commercial auto on lines 19.3, 19.4 and 21.2 of the Annual Statement Texas Page 14, that experience shall not be included in the Annual Aggregate Experience Report.

Group 1: Regular Private Passenger Automobiles

For the Annual Aggregate Experience Report, regular private passenger automobiles are "private passenger vehicles" insured on non-fleet personal automobile policies and reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14. Group 1 does not include any vehicle insured on a fleet or other commercial type of policy. Group 1 does not include vehicles insured by the company on an excess basis only for liability coverages.

"Private passenger vehicles" are defined in the Texas Automobile Rules and Rating Manual and include:

- Private Passenger Automobiles (Rule 71 A 1)
- Certain Utility Vehicles (Rule 71 A 2)
- Certain Farm Vehicles (Rule 71 A 3)

Group 2: Other Private Passenger Automobile Business

For the Annual Aggregate Experience Report, other private passenger automobile business is all experience included in Annual Statement Texas Page 14 lines 19.1, 19.2 and 21.1 but not included in Group 1 reporting. Depending upon the reporting company, Group 2 may include motorcycles, trailers and other miscellaneous vehicles; private passenger types written on business or commercial policies; vendors single interest; and other types of policies.

Annual Aggregate Experience Report

4. Experience To Be Reported

Experience for Group 1 (Regular Private Passenger Automobile) only shall be included in the Annual Aggregate Experience Report.

Loss experience shall be reported at two evaluation dates -- December 31 of the most current full year and March 31 following the end of the most current full year. For example, the first report due May 15, 1995 shall include experience through accident year 1994 evaluated as of December 31, 1994 and March 31, 1995.

5. Type of Business Codes

For the Annual Aggregate Experience Report, private passenger automobile experience in Texas shall be reported in one of three categories, depending upon the type of insurer and whether the business is voluntary or involuntary:

Type of Business 1: Voluntary Rate-Regulated

Voluntary rate-regulated business are vehicles insured voluntarily by insurers required to follow the rates and rules of the Texas Automobile Rules and Rating Manual.

Type of Business 2: Voluntary County Mutual

Voluntary County Mutual business are vehicles insured voluntarily by County Mutual insurers.

Type of Business 3: Involuntary

Involuntary business are vehicles insured involuntarily by assignment through either the Texas Automobile Insurance Plan or the Texas Automobile Insurance Plan Association.

Annual Aggregate Experience Report

6. Type of Coverage Codes

For the Annual Aggregate Experience Report, experience shall be reported by coverage according to the following codes:

Code Coverage

Liability and No-Fault Coverage Codes:

- 101 Bodily Injury -- Voluntary
- 102 Property Damage -- Voluntary
- 103 Combined Single Limits -- Voluntary
- 104 Personal Injury Protection -- Voluntary
- 105 Medical Payments -- Voluntary
- 106 Uninsured & Underinsured Motorist -- Voluntary
- 107 Other Liability -- Voluntary
- 109 Liability & No-Fault -- Voluntary (To be used only with TDI's prior approval by companies that cannot report full detail.)

- 111 Bodily Injury -- Involuntary
- 112 Property Damage -- Involuntary
- 114 Personal Injury Protection -- Involuntary
- 115 Medical Payments -- Involuntary
- 116 Uninsured & Underinsured Motorist -- Involuntary
- 119 Liability & No-Fault -- Involuntary (To be used only with TDI's prior approval by companies that cannot report full detail.)

Physical Damage Coverage Codes:

- 201 Collision
- 202 Other Than Collision

7. Accident Year Coding

Table 1 illustrates the information required in the Annual Aggregate Experience Report using the 1994 reporting year as an example. Each row in the table corresponds to specific experience which shall be coded as:

<u>Row Code</u>	<u>Description</u>
1	<u>Prior</u> = Experience for all accident years prior to those reported on rows 2 through 11. Report activity during the latest calendar year only.
2	<u>9th Year Prior</u> = Accident year experience for 9th year prior to most current full year. Report all activity on an inception-to-date basis.
3	<u>8th Year Prior</u> = Accident year experience for 8th year prior to most current full year. Report all activity on an inception-to-date basis.
4	<u>7th Year Prior</u> = Accident year experience for 7th year prior to most current full year. Report all activity on an inception-to-date basis.
5	<u>6th Year Prior</u> = Accident year experience for 6th year prior to most current full year. Report all activity on an inception-to-date basis.
6	<u>5th Year Prior</u> = Accident year experience for 5th year prior to most current full year. Report all activity on an inception-to-date basis.
7	<u>4th Year Prior</u> = Accident year experience for 4th year prior to most current full year. Report all activity on an inception-to-date basis.
8	<u>3rd Year Prior</u> = Accident year experience for 3rd year prior to most current full year. Report all activity on an inception-to-date basis.
9	<u>2nd Year Prior</u> = Accident year experience for 2nd year prior to most current full year. Report all activity on an inception-to-date basis.
10	<u>1st Year Prior</u> = Accident year experience for 1st year prior to most current full year. Report all activity on an inception-to-date basis.
11	<u>Most Current</u> = Accident year experience for most current full year. Report all activity on an inception-to-date basis.

Annual Aggregate Experience Report

<u>Row Code</u>	<u>Description</u>
21	<u>Total</u> = Sum of Rows 1 through 11. Entries shall be made for the following fields only: <ul style="list-style-type: none">• Paid Losses at 12/31/XX• Incurred Losses at 12/31/XX• Paid ALAE at 12/31/XX• Incurred ALAE at 12/31/XX.
22	<u>Prior Total</u> = Inception-to-date losses for accident years in Rows 2 through 10 evaluated as of December 31 of the prior year for liability and no-fault coverages. For liability and no fault coverages, this amount shall equal the sum of the amounts in Rows 3 through 11 from the previous year's report. For physical damage coverages, this shall equal the amount on Row 11 from the previous year's report. Entries shall be made for the following fields only: <ul style="list-style-type: none">• Paid Losses at 12/31/XX• Incurred Losses at 12/31/XX• Paid ALAE at 12/31/XX• Incurred ALAE at 12/31/XX.
31	<u>Calendar Year</u> = A calculated field -- Row 21 minus Row 22. Entries shall be made on this row for the following fields only: <ul style="list-style-type: none">• Paid Losses at 12/31/XX• Incurred Losses at 12/31/XX• Paid ALAE at 12/31/XX• Incurred ALAE at 12/31/XX.

Annual Aggregate Experience Report

For some coverages and field combinations, no entry shall be made in Rows 1 through 11:

Liability and No-Fault Coverage Codes

- Report premiums for voluntary coverages for the most recent five years (Row Codes 7 through 11). Report all other Row Codes zero.
- Do not report earned premium at benchmark rates for involuntary coverages. Report all Row Codes zero.
- Report losses and allocated loss adjustment expenses on an inception-to-date basis for the most recent ten years (Row Codes 2 through 11).
- Report losses and allocated loss adjustment expenses at 12/31/XX for "prior years" (Row Code 1) on a calendar year (not inception-to-date) basis.

Physical Damage Coverage Codes

- Report premiums for the most recent two years only (Row Codes 10 and 11). Report all other Row Codes zero.
- Report losses and allocated loss adjustment expenses on an inception-to-date basis for the most recent two years (Row Codes 10 and 11).
- Report losses and allocated loss adjustment expenses at 12/31/XX for "prior years" (Row Code 1) on a calendar year (not inception-to-date) basis.

8. Actual Earned Premium

Report the actual earned premium based on standard procedures used to complete the Annual Statement Page 14. Reported amounts shall be calendar year totals.

For Liability and No-Fault Coverage Codes, report premiums for the most recent five calendar years (current through 4th prior years).

For Physical Damage Coverage Codes, report premiums for the most recent two calendar years (current and 1st prior year).

Annual Aggregate Experience Report

9. Earned Premium at Benchmark Rates

Earned Premium at Benchmark Rates (EP/B) is defined as the premium the insurer would have earned if the insurer had charged the benchmark rate (or manual rate prior to benchmark rates) in effect at the time each policy was written. EP/B shall include the effect of all mandatory rating procedures required by the Texas Automobile Rules and Rating Manual, but shall not include the effect of optional rating procedures (e.g., optional discounts).

One of two procedures shall be utilized to calculate earned premium at benchmark rates for voluntary business. (Earned premium at benchmark rates is not required for involuntary business.) The first method is to calculate earned premium at benchmark rates by coverage on a policy-specific basis by re-rating each policy.

The second method is an "actuarial" method (also known as the parallelogram method) based on aggregate data:

- (A) For each quarter, or more frequently if the benchmark rate or the company's rates have changed:
 - (1) Calculate the average difference between the benchmark rate in effect at the time the policies were written and the actual rate charged for each coverage, territory and classification combination.
 - (2) Use the calculated differences in (1) and the company's actual written premium by coverage, territory and classification combination to estimate the written premium at benchmark level for each coverage.
- (B) Estimate how written premium for each quarter is earned considering the terms or the company's policies (e.g., one month, six month, annual etc.) and the company's pattern of policy cancellations.
- (C) Use the earning pattern in (B) and the estimated benchmark written premium in (A) to estimate the earned premium at benchmark rate level.

The reporting of Earned Premium at Benchmark Rates in the Annual Aggregate Experience Report is optional for County Mutual insurers.

For Liability and No-Fault coverage codes, report premiums for the most recent five years. For Physical Damage coverage codes, report premiums for the most recent two years.

10. Loss Reporting

Report direct loss and allocated loss adjustment expense experience at total limits, net of any written deductibles and net of salvage and subrogation.

Report paid and incurred (excluding IBNR) loss and allocated loss adjustment expense experience. For the purposes of this report, "incurred excluding IBNR" shall mean paid plus case reserves (if any). IBNR is defined as the difference between the case reserves and the total reserves carried on the company's books.

Report inception-to-date loss and loss adjustment expense experience by accident year evaluated at the end of the experience period (12/31) and at three months past the end of the experience period (3/31).

For Liability and No-Fault coverage codes, report inception-to-date losses for each of the most recent ten accident years -- current through 9th prior. For Physical Damage coverage codes, report inception-to-date losses for each of the most recent two accident years -- current and 1st prior.

For each accident year (Row Codes 2 to 11), loss and loss adjustment expense experience shall be reported on an inception-to-date basis. Losses and allocated loss adjustment expense experience for "all prior" years (Row Code 1) shall be reported on an incremental basis for the latest calendar year period only. This method of reporting is similar to Schedule P in the Annual Statement.

The total of the reported loss and loss adjustment amounts shall be reported under Row Code 21. Corresponding totals evaluated one year earlier shall be reported under Row Code 22.

Annual Aggregate Experience Report

11. Combined Single Limit (CSL) Reporting

Companies may report combined single limits policies either under the combined single limits category described under Section 6 of the Specific Instructions or may allocate premiums and losses to the Bodily Injury and Property Damage categories according to reasonable and consistent procedures. Under the latter option, the reporting company shall include a complete description of the allocation procedure used for CSL policies with the submission of the Annual Aggregate Experience Report.

12. Allocated Loss Adjustment Expenses

Allocated loss adjustment expenses (ALAE) shall be reported by each company according to the definitions used by that company for annual statement reporting purposes.

13. Rounding

Report premium, loss and loss adjustment expense amounts rounded to the nearest whole dollar.

Annual Aggregate Experience Report

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Annual Aggregate Experience Report

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Table 1

**Annual Aggregate Experience Report
Example of Report for Experience through Calendar/Accident Year 1994**

Row	Calendar/ Accident Year	Earned Premiums		Paid Losses at 12/31/XX	Incurred Losses at 12/31/XX	Incurred Losses at 3/31/XX+1	Paid ALAE at 12/31/XX	Incurred ALAE at 12/31/XX	Incurred ALAE at 3/31/XX+1
		Actual	Benchmark						
Calendar Year Paid and Incurred (Excluding IBNR) Losses and ALAE for 1994									
1	Prior								
Inception to Date Premiums and Paid and Incurred (Excluding IBNR) Losses and ALAE Evaluated as of 12/31/94 and 3/31/95									
2	1985								
3	1986								
4	1987								
5	1988								
6	1989								
7	1990								
8	1991								
9	1992								
10	1993								
11	1994								
21	Total (Sum Rows 1 - 11)								
Inception to Date Losses Paid and Incurred (excluding IBNR) for Accident Years in Rows 2 through 10 Evaluated as of 12/31/93									
22	Prior Total (Sum Rows 3 - 11 from Prior Year)								
Calendar Year Losses for 1994									
31	Calendar Year (Row 21 – Row 22)								

Note: For Physical Damage coverages, report only latest two years of premiums and only latest two years and prior years for losses.

Annual Aggregate Experience Report

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Annual Aggregate Experience Report Record Layout and Field Definitions

- Plan Code (Numeric Field: Positions 1-2)
Report 11 for the Annual Aggregate Experience Report.
- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five-digit NAIC Company Number
- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other insurers shall report this field blank. See Section 6 of the General Instructions for more information.
- Year (Numeric Field: Positions 11-12)
Report the latest full year in YY format.
- Coverage Code (Numeric Field: Positions 13-15)
Report the applicable three-digit coverage code. Valid codes are:
Code Coverage

Liability and No-Fault Coverage Codes:

- 101 Bodily Injury -- Voluntary
- 102 Property Damage -- Voluntary
- 103 Combined Single Limits -- Voluntary
- 104 Personal Injury Protection -- Voluntary
- 105 Medical Payments -- Voluntary
- 106 Uninsured & Underinsured Motorist -- Voluntary
- 107 Other Liability -- Voluntary
- 109 Liability & No-Fault -- Voluntary (To be used only with TDI's prior approval by companies that cannot report full detail.)

- 111 Bodily Injury -- Involuntary
- 112 Property Damage -- Involuntary
- 114 Personal Injury Protection -- Involuntary
- 115 Medical Payments -- Involuntary
- 116 Uninsured & Underinsured Motorist -- Involuntary
- 119 Liability & No-Fault -- Involuntary (To be used only with TDI's prior approval by companies that cannot report full detail.)

Physical Damage Coverage Codes:

- 201 Collision
- 202 Other Than Collision

* See Section 11 of these Specific Instructions detail regarding the reporting CSL premium.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

- Type of Business Code (Numeric Field: Position 16)
Report the applicable one-digit code corresponding to the type of business being reported. Valid codes are:

Code	Type of Business
1	Voluntary Business - Rate Regulated
2	Voluntary Business - County Mutuals
3	Involuntary (Assigned Risk) Business

- Row Code (Numeric Field: Positions 17-18)
Report the appropriate row code as follows:

Row Code	Description
1	Prior Accident Years
2	9th Prior Accident Year
3	8th Prior Accident Year
4	7th Prior Accident Year
5	6th Prior Accident Year
6	5th Prior Accident Year
7	4th Prior Accident Year
8	3rd Prior Accident Year
9	2nd Prior Accident Year
10	1st Prior Accident Year
11	Most Current Accident Year
21	Total of Rows 1 through 11
22	Prior Total
31	Calendar Year (Row 21 minus Row 22)

- Reserved (Field: Positions 19-21)
Report blank.
- Actual Earned Premium (Numeric Field: Positions 22-33)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1 thru 6	Report blank.
7 thru 11	Report actual direct earned premium for the coverage and calendar years being reported.
21 thru 31	Report blank.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1 thru 9	Report blank.
10 thru 11	Report actual direct earned premium for the coverage and calendar years being reported.
21 thru 31	Report blank.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

- Earned Premium at Benchmark Rate (Numeric Field: Positions 34-45)

For Voluntary Liability and No-Fault Coverage Codes (Type of Business Codes 1 and 2):

<i>Rows</i>	<i>Instructions</i>
1 thru 6	Report blank.
7 thru 11	Report actual direct earned premium for the coverage and calendar years being reported.
21 thru 31	Report blank.

For Involuntary Liability and No-Fault Coverage Codes (Type of Business Code 3):

<i>Rows</i>	<i>Instructions</i>
All	Report blank.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1 thru 9	Report blank.
10 thru 11	Report actual direct earned premium for the coverage and calendar years being reported.
21 thru 31	Report blank.

Annual Aggregate Experience Report Record Layout and Field Definitions

- Paid Losses at 12/31/XX (Numeric Field: Positions 46-57)

For all Liability and No-Fault Coverage Codes

<i>Rows</i>	<i>Instructions</i>
1	Report the losses paid in the latest calendar year for all prior accident years not reported on Rows 2 through 11 for the coverage being reported.
2 thru 11	Report inception-to-date losses paid as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report the sum of all inception-to-date losses paid for the accident years on Rows 2 through 10 evaluated as of December 31 of the previous year. This entry should equal the sum of Rows 03 through 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the losses paid in the latest calendar year for all prior accident years not reported on Rows 10 and 11 for the coverage being reported.
2 thru 9	Report blank.
10 thru 11	Report inception-to-date losses paid as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report inception-to-date losses paid for the accident year on Row 10 evaluated as of December 31 of the previous year. This entry should equal the entry on Row 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

- Incurred Losses at 12/31/XX (Numeric Field: Positions 58-69)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the losses incurred in the latest calendar year for all prior accident years not reported on Rows 2 through 11 for the coverage being reported.
2 thru 11	Report inception-to-date losses incurred as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report the sum of all inception-to-date losses incurred for the accident years on Rows 02 through 10 evaluated as of December 31 of the previous year. This entry should equal the sum of Rows 3 through 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the losses incurred in the latest calendar year for all prior accident years not reported on Rows 10 and 11 for the coverage being reported.
2 thru 9	Report blank.
10 thru 11	Report inception-to-date losses incurred as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report inception-to-date losses incurred for the accident year on Row 10 evaluated as of December 31 of the previous year. This entry should equal the entry on Row 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

Annual Aggregate Experience Report Record Layout and Field Definitions

- Incurred Losses at 3/31/XX+1 (Numeric Field: Positions 70-81)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report blank.
2 thru 11	Report inception-to-date losses incurred as of March 31 following the most current full year for the coverage and accident year being reported.
21 thru 31	Report blank.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1 thru 9	Report blank.
10 thru 11	Report inception-to-date losses incurred as of March 31 following the most current full year for the coverage and accident year being reported.
21 thru 31	Report blank.

- Reserved (Field: Positions 82-84)
Report blank.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

- Paid ALAE at 12/31/XX (Numeric Field: Positions 85-96)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the ALAE paid in the latest calendar year for all prior accident years not reported on Rows 2 through 11 for the coverage being reported.
2 thru 11	Report inception-to-date ALAE paid as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report the sum of all inception-to-date ALAE paid for the accident years on Rows 2 through 10 evaluated as of December 31 of the previous year. This entry should equal the sum of Rows 3 through 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the ALAE paid in the latest calendar year for all prior accident years not reported on Rows 10 and 11 for the coverage being reported.
2 thru 9	Report blank.
10 thru 11	Report inception-to-date ALAE paid as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report inception-to-date ALAE paid for the accident year on Row 10 evaluated as of December 31 of the previous year. This entry should equal the entry on Row 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

Annual Aggregate Experience Report Record Layout and Field Definitions

- Incurred ALAE at 12/31/XX (Numeric Field: Positions 97-108)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the ALAE incurred in the latest calendar year for all prior accident years not reported on Rows 2 through 11 for the coverage being reported.
2 thru 11	Report inception-to-date ALAE incurred as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report the sum of all inception-to-date ALAE incurred for the accident years on Rows 02 through 10 evaluated as of December 31 of the previous year. This entry should equal the sum of Rows 03 through 11 from the previous year's Annual Aggregate Experience Report.
31	Report the result of the calculation of Row 21 minus Row 22.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report the ALAE incurred in the latest calendar year for all prior accident years not reported on Rows 10 and 11 for the coverage being reported.
2 thru 9	Report blank.
10 thru 11	Report inception-to-date ALAE incurred as of December 31 of the most current full year for the coverage and accident year being reported.
21	Report the sum of Rows 1 through 11.
22	Report inception-to-date ALAE incurred for the accident year on Row 10 evaluated as of December 31 of the previous year. This entry should equal the entry on Row 11 from the previous year's Annual Aggregate Experience Report.
31	Report the calculation of Row 21 minus Row 22.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

- Incurred ALAE as of 3/31/XX+1 (Numeric Field: Positions 109-120)

For all Liability and No-Fault Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1	Report blank.
2 thru 11	Report inception-to-date ALAE incurred as of March 31 following the most current full year for the coverage and accident year being reported.
21 thru 31:	Report blank.

For all Physical Damage Coverage Codes:

<i>Rows</i>	<i>Instructions</i>
1 thru 9	Report blank.
10 thru 11	Report inception-to-date ALAE incurred as of March 31 following the most current full year for the coverage and accident year being reported.
21 thru 31	Report blank.

- Reserved (Field: Positions 121-150)
Report blank.

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

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**Annual Aggregate Experience Report
Record Layout and Field Definitions**

Record Layout

Position	Field Length	Field Type*	Field Name
1 - 2	2	N	Plan Code
3 - 7	5	N	Company NAIC Code
8 - 10	3	N	MGA Indicator
11 - 12	2	N	Year
13 - 15	3	N	Coverage Code
16	1	N	Type of Business Code
17 - 18	2	N	Row Code
19 - 21	3		RESERVED
22 - 33	12	N	Actual Earned Premium
34 - 45	12	N	Earned Premium at Benchmark Rate
46 - 57	12	N	Paid Losses at 12/31/XX
58 - 69	12	N	Incurred Losses at 12/31/XX
70 - 81	12	N	Incurred Losses at 3/31/XX+1
82 - 84	3		RESERVED
85 - 96	12	N	Paid ALAE at 12/31/XX
97 - 108	12	N	Incurred ALAE at 12/31/XX
109 - 120	12	N	Incurred ALAE at 3/31/XX+1
121 - 150	30		RESERVED

* Numeric (N) or Alphanumeric (A)

**Annual Aggregate Experience Report
Record Layout and Field Definitions**

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Section C:

Annual Reconciliation Report

Annual Reconciliation Report

Specific Instructions

1. Report Description

Every company submitting the Annual Aggregate Experience Report shall simultaneously submit a reconciliation of the experience reported in the Annual Aggregate Experience Report to the calendar year experience reported on the Annual Statement Texas Page 14. The Annual Reconciliation Report shall reconcile Actual Earned Premium, Paid Losses, Incurred Losses, Paid Allocated Loss Adjustment Expenses, and Incurred Allocated Loss Adjustment Expenses.

County Mutuals that front for managing general agents (MGAs) shall submit one Annual Reconciliation Report. This Report shall reconcile the Annual Aggregate Experience Reports of all MGAs plus the County Mutual's non-fronted direct business to the County Mutual's Annual Statement Texas Page 14.

2. Due Dates For Submission

The Annual Reconciliation Report shall be submitted simultaneously with the Annual Aggregate Experience Report by May 15 following the end of the calendar year.

The first report will reconcile experience in calendar year 1994 and will be due by May 15, 1995.

Annual Reconciliation Report

3. Private Passenger Automobile Groupings

For the purpose of the Annual Reconciliation Report, all experience -- and only the experience -- reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14 shall be reported in one of two groups. Although some insurers report some experience written on a personal auto policy (as defined by the Texas Automobile Rule and Rating Manual) as commercial auto on lines 19.3, 19.4 and 21.2 of the Annual Statement Texas Page 14, that experience shall not be included in the Annual Reconciliation Report.

Group 1: Regular Private Passenger Automobiles

For the Annual Reconciliation Report, regular private passenger automobiles are "private passenger vehicles" insured on non-fleet personal automobile policies and reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14. Group 1 does not include any vehicle insured on a fleet or other commercial type of policy. Group 1 does not include vehicles insured by the company on an excess basis only for liability coverages.

"Private passenger vehicles" are defined in the Texas Automobile Rules and Rating Manual and include:

- Private Passenger Automobiles (Rule 71 A 1)
- Certain Utility Vehicles (Rule 71 A 2)
- Certain Farm Vehicles (Rule 71 A 3)

Group 2: Other Private Passenger Automobile Business

For the Annual Reconciliation Report, other private passenger automobile business is all experience included in Annual Statement Texas Page 14 lines 19.1, 19.2 and 21.1 but not included in Group 1 reporting. Depending upon the reporting company, Group 2 may include motorcycles, trailers and other miscellaneous vehicles; private passenger types written on business or commercial policies; vendors single interest; and other types of policies.

4. Experience To Be Reported

Experience for both Group 1 and 2 automobiles shall be reported on the Annual Reconciliation Report, according to the categories and codes listed on Table 1.

The Row Codes are:

<u>Auto Group</u>	<u>Liability & No-Fault Codes</u>	<u>Physical Damage Codes</u>
1 (regular)	101 to 119	201 to 202
2 (other)	121 to 149	221 to 249

In addition, the reserve for incurred but not reported (IBNR) losses and allocated loss adjustment expenses (ALAE) as of December 31 of the calendar year and the immediate prior calendar year shall be reported under Row Codes 151, 152 (liability and no-fault) and 251, 252 (physical damage).

Paid, "incurred excluding IBNR" and IBNR loss and allocated loss adjustment expense experience shall be reported. For the purposes of the Annual Reconciliation Report, "incurred excluding IBNR" is defined as paid plus case reserves (if any). IBNR is defined as the difference between the case reserves and the total reserves carried on the company's books.

County Mutuals that front for MGAs shall report Rows 101 through 149 and Rows 201 through 249 separately for each fronted MGA and for any non-fronted business. Each MGA's experience shall be identified using the same MGA indicator code used in the Annual Aggregate Experience Report. For non-fronted business, report the MGA indicator blank. The IBNR amounts on Rows 151, 152, 251 and 252 and the calendar year amounts on Rows 175 through 195 and Rows 275 through 295 shall be reported on an aggregate company (i.e., County Mutual) basis and shall not be reported for each MGA. For these IBNR and calendar year amount rows (i.e., records), report the MGA indicator blank.

Annual Reconciliation Report

5. Explanation of Differences

Row numbers 195 and 295 shall represent differences between experience reported in the Annual Aggregate Experience Report and in the Annual Statement Texas Page 14. If the absolute value of the amount on Row 195 or 295 exceeds the lesser of \$100,000 or 1% of Row 185 and 285, respectively, the reporting company shall explain the reason for these differences in a letter accompanying the submission of the Annual Reconciliation Report.

6. Rounding

Report premium, loss and loss adjustment expense amounts rounded to the nearest whole dollar.

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Annual Reconciliation Report

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Table 1
Liability & No-Fault Coverage Row Codes

<u>Code</u>	<u>Coverage</u>
101	Bodily Injury -- Voluntary
102	Property Damage -- Voluntary
103	Combined Single Limits -- Voluntary
104	Personal Injury Protection -- Voluntary
105	Medical Payments -- Voluntary
106	Uninsured & Underinsured Motorist -- Voluntary
107	Other Liability -- Voluntary
109	Liability & No-Fault -- Voluntary (To be used only with TDI's prior approval by companies that cannot report full detail.)
111	Bodily Injury -- Involuntary
112	Property Damage -- Involuntary
114	Personal Injury Protection -- Involuntary
115	Medical Payments -- Involuntary
116	Uninsured & Underinsured Motorist -- Involuntary
119	Liability & No-Fault -- Involuntary (To be used only with TDI's prior approval by companies that cannot report full detail.)
121	All-Terrain Vehicles
122	Antique Vehicles
123	Dune Buggies
124	Golf Carts
125	Motorcycles
126	Recreational Trailers
127	Mobile/Trailer Homes
128	All Other Trailers (includes Utility Trailers)
129	Snowmobiles
130	Motorhomes
141	Excess Policies
142	Mechanical Breakdown
143	Private Passenger Types Written on a Commercial Policy
144	Vendors Single Interest
149	Other Group 2
151	IBNR at end of calendar year
152	IBNR at end of prior calendar year
175	Total of Rows 101 through 151 minus Row 152
185	Sum of Annual Statement Texas Page 14 Lines 19.1 & 19.2
195	Row 175 minus Row 185

Annual Reconciliation Report

**Table 1 (cont.)
Physical Damage Coverage Row Codes**

<u>Code</u>	<u>Coverage</u>
201	Collision
202	Other Than Collision - All Premiums & Losses
221	All-Terrain Vehicles
222	Antique Vehicles
223	Dune Buggies
224	Golf Carts
225	Motorcycles
226	Recreational Trailers
227	Mobile/Trailer Homes
228	All Other Trailers (includes Utility Trailers)
229	Snowmobiles
230	Motorhomes
241	Excess Policies
242	Mechanical Breakdown
243	Private Passenger Types Written on a Commercial Policy
244	Vendors Single Interest
249	Other Group 2
251	IBNR at end of calendar year
252	IBNR at end of prior calendar year
275	Total of Rows 201 through 251 minus Row 252.
285	Annual Statement Texas Page 14 Line 21.1
295	Row 275 minus Row 285

Table 2
Annual Reconciliation Report
Liability and No Fault Coverages

Row		Coverage	Actual Earned Premium	Calendar Year XX Paid Loss	Calendar Year XX Incurred Loss	Calendar Year XX Paid ALAE	Calendar Year XX Incurred ALAE
101	Private Passenger Calendar Year Results (Group 1)	BI - Voluntary					
102		PD - Voluntary					
103		CSL - Voluntary					
104		PIP - Voluntary					
105		MP - Voluntary					
106		UM/UIM - Voluntary					
107		Other Liability - Voluntary					
109		Liability & No-Fault* -					
111		BI - Involuntary					
112		PD - Involuntary					
114		PIP - Involuntary					
115		MP - Involuntary					
116		UM/UIM - Involuntary					
119	Liability & No-Fault* -						
121	All Other Business Included in Annual Lines of Business 19.1 and 19.2. (Group 2)	All-Terrain Vehicles					
122		Antique Vehicles					
123		Dune Buggies					
124		Golf Carts					
125		Motorcycles					
126		Recreational Trailers					
127		Mobile/Trailer Homes					
128		All Other Trailers					
129		Snowmobiles					
130		Motor Homes					
141		Excess Policy					
142		Mechanical Breakdown					
143		Private Passenger Types Commercial Policy					
144	Vendors Single Interest						
149	Other Group 2						
151	IBNR Reserves	IBNR Reserves at 12/31/94					
152		IBNR Reserves at 12/31/93					
175	Total ((Sum 101 to 151) minus						
185	Annual Statement, Page Sum of Lines 19.1 and						
195	Difference (Row 175 minus Row 185)						

* To be used with TDI's prior approval by companies unable to report full detail

Table 3
Annual Reconciliation Report
Physical Damage Coverages

Row		Coverage	Actual Earned Premium	Calendar Year XX Paid Loss	Calendar Year XX Incurred Loss	Calendar Year XX Paid ALAE	Calendar Year XX Incurred ALAE
201	Private Passenger Calendar Year Results (Group 1)	Collision					
202		OTC - All Premiums & Losses					
221	All Other Business Included in Annual Statement Line of Business 21.1 (Group 2)	All-Terrain Vehicles					
222		Antique Vehicles					
223		Dune Buggies					
224		Golf Carts					
225		Motorcycles					
226		Recreational Trailers					
227		Mobile/Trailer Homes					
228		All Other Trailers (incl. Utility Trailers)					
229		Snowmobiles					
230		Motor Homes					
241		Excess Policy					
242	Mechanical Breakdown						
243	Private Passenger Types Written on a Commercial Policy						
244	Vendors Single Interest						
249	Other Group 2						
251	IBNR Reserves	IBNR Reserves at 12/31/94 (current)					
252		IBNR Reserves at 12/31/93 (prior)					
275	Total ((Sum 201 to 251) minus 252)						
285	Annual Statement, Page 14 Line 21.1						
295	Difference (Row 275 minus Row 285)						

**Annual Reconciliation Report
Record Layout and Field Definitions**

- Plan Code (Numeric Field: Positions 1-2)
Report 12 to indicate the private passenger auto Annual Reconciliation Report.
- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five digit NAIC Company Number.
- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported for rows 101 through 149 or 201 through 249. County Mutuals fronting for one or more MGAs shall report all other rows zero. Other insurers shall report this field blank for all rows. See Section 6 of the General Instructions and Section 4 of these Specific Instructions for more information.
- Calendar Year (Numeric Field: Positions 11-12)
Report the calendar year being reconciled in YY format.
- Row Code (Numeric Field: Positions 13 - 15)
Report the three-digit code corresponding to the row being reported. Refer to Table 1 for a description of the row codes. Refer to Tables 2 and 3 for a visual overview of the row descriptions and information required to be reported.
- Reserved (Field: Positions 16-18)
Report blank.
- Actual Earned Premium (Numeric Field: Positions 19-30)
Report the actual earned premium by coverage for the calendar year being reconciled in the appropriate row. The amounts reported for Group 1 Automobiles shall be identical to the corresponding amounts on Row 11 of the Annual Aggregate Experience Report. For Row Codes 151, 152, 251 and 252, report zero.
- Paid Losses (Numeric Field: Positions 31-42)
Report paid losses by coverage for the calendar year being reconciled in the appropriate row. The amounts reported for Group 1 Automobiles shall be identical to the corresponding amounts on Row 31 of the Annual Aggregate Experience Report. For Row Codes 151, 152, 251 and 252, report zero.

Annual Reconciliation Report Record Layout and Field Definitions

- Incurred Losses (Numeric Field: Positions 43-54)
Report the incurred losses excluding Incurred But Not Reported Reserves (IBNR) by coverage for the calendar year being reconciled in the appropriate row. The amounts reported for Group 1 Automobiles shall be identical to the corresponding amounts on Row 31 of the Annual Aggregate Experience Report.

Report the IBNR loss reserve as of December 31 of the calendar year being reconciled under Row Codes 151 (liability and no-fault) and 251 (physical damage).

Report the IBNR loss reserve as of December 31 of the year immediately preceding the calendar year being reconciled under Row Codes 152 (liability and no-fault) and 252 (physical damage).
- Reserved (Field: Positions 55-57)
Report blank.
- Paid Allocated Loss Adjustment Expense (Numeric Field: Positions 58-69)
Report the paid allocated loss adjustment expense (ALAE) by coverage for the calendar year being reconciled in the appropriate row. The amounts reported for Group 1 Automobiles shall be identical to the corresponding amounts on Row 31 of the Annual Aggregate Experience Report. For Row Codes 151, 152, 251 and 252, report zero.

Annual Reconciliation Report Record Layout and Field Definitions

- Incurred Allocated Loss Adjustment Expense (Numeric Field: Positions 70-81)
Report the incurred allocated loss adjustment expense (ALAE) excluding Incurred But Not Reported Reserves (IBNR) by coverage for the calendar year being reconciled in the appropriate row. The amounts reported for Group 1 Automobiles shall be identical to the corresponding amounts on Row 31 of the Annual Aggregate Experience Report.

Report the IBNR ALAE reserve as of December 31 of the calendar year being reconciled with Row Codes 151 (liability and no-fault) and 251 (physical damage).

Report the IBNR ALAE reserve as of December 31 of the year immediately preceding the calendar year being reconciled with Row Codes 152 (liability and no-fault) and 252 (physical damage).

- Reserved (Field: Positions 82-150)
Report blank.

**Annual Reconciliation Report
Record Layout and Field Definitions**

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**Annual Reconciliation Report
Record Layout and Field Definitions**

Record Layout

Position	Field Length	Field Type *	Field Name
1 - 2	2	N	Plan Code
3 - 7	5	N	Company NAIC Code
8 - 10	3	N	MGA Indicator
11 - 12	2	N	Calendar Year
13 - 15	3	N	Row Code
16 - 18	3		RESERVED
19 - 30	12	N	Actual Earned Premium
31 - 42	12	N	Paid Losses
43 - 54	12	N	Incurred Losses
55 - 57	3		RESERVED
58 - 69	12	N	Paid Allocated Loss Adjustment Expenses
70 - 81	12	N	Incurred Allocated Loss Adjustment Expenses
82 - 150	69		RESERVED

* Numeric (N) or Alphanumeric (A)

**Annual Reconciliation Report
Record Layout and Field Definitions**

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Section D:

Quarterly Market Report

Quarterly Market Report

Specific Instructions

1. Report Description

Every company with direct private passenger automobile premium experience in Texas shall quarterly submit this report of market activity. The Quarterly Market Report requires the quarterly reporting by ZIP Code of written premium, number of vehicles insured, and changes in the number of vehicles insured for bodily injury liability and collision coverages.

County Mutuals that act as a front for managing general agents (MGA) shall submit data for each MGA separately. See Section 6 of the General Instructions for more information.

2. Due Dates For Submission

The Quarterly Market Report is due 45 days after the end of the experience quarter. The first three reports -- one for third quarter 1993 experience, one for fourth quarter 1993 experience and one for first quarter 1994 experience -- are due by May 15, 1994.

Quarterly Market Report

3. Private Passenger Automobile Groupings

For the purpose of the Quarterly Market Report, all experience -- and only the experience -- reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14 shall be reported in one of two groups. Although some insurers report some experience written on a personal auto policy (as defined by the Texas Automobile Rule and Rating Manual) as commercial auto on lines 19.3, 19.4 and 21.2 of the Annual Statement Texas Page 14, that experience shall not be included in the Quarterly Market Report.

Group 1: Regular Private Passenger Automobiles

For the Quarterly Market Report, regular private passenger automobiles are "private passenger vehicles" insured on non-fleet personal automobile policies and reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14. Group 1 does not include any vehicle insured on a fleet or other commercial type of policy. Group 1 does not include vehicles insured by the company on an excess basis only for liability coverages.

"Private passenger vehicles" are defined in the Texas Automobile Rules and Rating Manual and include:

- Private Passenger Automobiles (Rule 71 A 1)
- Certain Utility Vehicles (Rule 71 A 2)
- Certain Farm Vehicles (Rule 71 A 3)

Group 2: Other Private Passenger Automobile Business

For the Quarterly Market Report, other private passenger automobile business is all experience included in Annual Statement Texas Page 14 lines 19.1, 19.2 and 21.1 but not included in Group 1 reporting. Depending upon the reporting company, Group 2 may include motorcycles, trailers and other miscellaneous vehicles; private passenger types written on business or commercial policies; vendors single interest; and other types of policies.

4. Experience To Be Reported

For the Quarterly Market Report, experience for Group 1 and Group 2 vehicles shall be reported. Experience shall be reported for the following six coverages:

<u>Code</u>	<u>Coverage</u>
1	Group 1 Voluntary Bodily Injury (Including Combined Single Limits)
2	Group 1 Involuntary (Assigned Risk) Bodily Injury
3	Group 1 Collision.
4	Group 2 Voluntary Bodily Injury (Including Combined Single Limits)
5	Group 2 Involuntary (Assigned Risk) Bodily Injury
6	Group 2 Collision

Experience for vehicles insured on a Combined Single Limits (CSL) policy shall be reported with the Voluntary Bodily Injury coverage code as described in Section 6, below. Experience for vehicles insured only on an excess basis shall not be reported. For each coverage, a vehicle shall not be counted more than once.

Quarterly Market Report

5. ZIP Codes

The Quarterly Market Report requires experience reporting by the ZIP Code location of vehicles. For the Quarterly Market Report, the location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured.

If the reporting company is unable to provide the location of vehicles by garage address, reporting of vehicle location by mailing address of the insured shall be allowed on an interim basis. Beginning with experience reported for the third quarter of 1994, every company shall report vehicles added, canceled and/or non-renewed by the vehicle's garage location.

There are two ZIP Code fields -- one for the Five-Digit ZIP Code and one for the Plus Four extension. Every company shall report each Five-Digit ZIP Code in which the reporting company insures a vehicle. Report zero if the Five-Digit ZIP Code is unknown.

If the reporting company is able and willing to report insured vehicles by Plus Four ZIP Code location, the reporting company shall use the Plus Four ZIP field accordingly. In all other cases, the reporting company shall report zero in the Plus Four ZIP field.

6. Written Premium

Report the total direct written premium for the experience quarter by ZIP Code and coverage. For the Quarterly Market Report, written premium is defined as total gross premium excluding policy and membership fees and less return premium and premium on policies not taken. Policy and membership fees shall be reported separately in another field. The amounts reported for written premium shall reflect all transactions, by coverage, made during the experience quarter.

Report the premium for the specified coverage only. Do not include premiums for any other coverages. For Bodily Injury (BI), report only written premium associated with the BI coverage. Include the BI portion of Combined Single Limits (CSL) policies with the reporting of BI written premium. Insurers who already separate CSL premium between BI and PD coverages may use that same method but shall report that method to the statistical agent. Insurers who do not currently split CSL premium between BI and PD coverages shall report sixty percent (60%) of the CSL premiums with the BI written premium and shall notify the statistical agent of this method. Do not include the premium associated with any other liability coverage when reporting BI written premium. For collision written premium, report only the premium associated with the collision coverage.

Quarterly Market Report

7. Policy and Membership Fees

Report policy and membership fees by ZIP Code and coverage. For membership and/or policy fees associated with policies which include liability coverage, report the policy and/or membership fee with Coverage Code 1 for Group 1 or Coverage Code 4 for Group 2 (Voluntary Bodily Injury). For membership and/or policy fees associated with policies which include only physical damage coverages, report the policy and/or membership fees with Coverage Code 3 for Group 1 or Coverage Code 6 for Group 2 (Collision). Report the entire policy and/or membership fees associated with the policy. Do not pro-rate the policy and/or membership fees by coverage.

For policies with vehicles in multiple ZIP Codes and only one policy fee, associate the policy fee with the first vehicle (and ZIP Code) on the policy. Notify the statistical agent of any procedures, other than random chance, which cause a vehicle to be listed first on the policy.

8. Vehicles Added and Canceled -- Reporting By Vehicle or By Policy

There are four data elements related to vehicles added or canceled in the experience quarter:

- Vehicles Added in Quarter
- Vehicles Canceled or Non-Renewed at the Insurer's Initiative
- Vehicles Canceled for Non-Payment of Premium
- Vehicles Canceled at the Insured's Initiative

Until the reporting of first Quarter 1995 experience, two methods of reporting these data elements will be allowed. The two methods reflect different ways of counting vehicles. Regardless of the method used, the experience reported shall be vehicle counts and not policy counts

Report the code for the method used in reporting experience in the Reporting Method field.

Code	Reporting Method
1	By Vehicle
2	By Policy

Insurers able to identify a vehicle added, discontinued, canceled, non-renewed or expiring within an existing policy shall use the By Vehicle reporting method. Insurers unable to identify vehicle changes within a policy may use the By Policy reporting method for 1993 and 1994 experience only. Instructions for each reporting method are included in the description of each of the affected data elements.

Quarterly Market Report

9. Vehicles Added During Quarter

By Vehicle: Vehicles Added

Report, by ZIP Code and coverage, all vehicles added during the experience quarter. Report the number of vehicles on new policies and all vehicles added to existing policies. Do not include renewed or reinstated vehicles. Do not reduce the number of vehicles for any cancellations.

By Policy: Vehicles on New Policies

Report, by ZIP Code and coverage, the number of vehicles on new policies written during the experience quarter. Do not include new vehicles added to existing policies. Do not include vehicles on renewed policies or vehicles on reinstated policies. Do not reduce the number of vehicles for any cancellations. An existing policy on which a coverage is added for the first time shall not be considered a new policy when reporting for that coverage.

10. Vehicles Canceled or Non-Renewed at Insurer's Initiative

By Vehicle: Vehicles Canceled or Non-Renewed at Insurer's Initiative

Report, by ZIP Code and coverage, the number of vehicles canceled or non-renewed at the insurer's initiative during the experience quarter. Do not include vehicles canceled for non-payment of premium or vehicles canceled at the initiation of the insured. For involuntary bodily injury, do not include cancellations at the end of the assignment period.

By Policy: Vehicles on Policies Canceled or Non-Renewed at Insurer's Initiative

Report, by ZIP Code and coverage, the number of vehicles on policies canceled or non-renewed at the insurer's initiative during the experience quarter. Do not include vehicles on policies canceled for non-payment of premium or policies canceled at the initiation of the insured. For involuntary bodily injury, do not include cancellations at the end of the assignment period.

11. Vehicles Canceled for Non-Payment of Premium

By Vehicle: Vehicles Canceled for Non-Payment of Premium

Report, by ZIP Code and coverage, the number of vehicles canceled for non-payment of premium during the experience quarter. Do not include vehicles canceled for any other reason than non-payment of premium. Do not include expiring vehicles, i.e., lapsed policies because of inaction by the insured to renew the policy.

By Policy: Vehicles on Policies Canceled for Non-Payment of Premium

Report, by ZIP Code and coverage, the number of vehicles on policies canceled for non-payment of premium during the experience quarter. Do not include vehicles on policies canceled for any other reason than non-payment of premium. Do not include vehicles on expiring policies, i.e., lapsed policies because of inaction by the insured to renew the policy.

Quarterly Market Report

12. Vehicles Canceled at Insured's Initiative

By Vehicle: Vehicles Canceled at Insured's Initiative

Report, by ZIP Code and coverage, the number of vehicles canceled at the insured's initiative during the experience quarter. Include vehicles that have been discontinued on existing policies. Do not include vehicles canceled for non-payment of premium or vehicles canceled at the initiation of the insurer. Do not include vehicles on expired policies, i.e., lapsed policies because of inaction by the insured to renew the policy. For involuntary bodily injury, do not include cancellations at the end of the assignment period.

By Policy: Vehicles on Policies Canceled at Insured's Initiative

Report, by ZIP Code and coverage, the number of vehicles on policies canceled at the insured's initiative during the experience quarter. Do not include vehicles that have been discontinued on existing policies. Do not include vehicles on policies canceled for non-payment of premium or policies canceled at the initiation of the insurer. Do not include vehicles on expired policies, i.e., lapsed policies because of inaction by the insured to renew the policy. For involuntary bodily injury, do not include cancellations at the end of the assignment period.

13. Summary Reporting by Driver Class

In addition to reporting total vehicles insured by ZIP Code, every company shall report total statewide vehicles insured by driver class. Report vehicles insured by driver class using the following codes in the Five-Digit ZIP Field.

Code Entered in Five-Digit ZIP Field	Driver Classes	Texas Automobile Manual Classification
99100	No Youthful Drivers Non Business Use	1A, 1B, 1C, 1AF
99150	Both Youthful Males (Under 25) and Youthful Females (Under 21, unmarried)	
99200	Youthful Males (Under 25)	2A-1, 2AF-1, 2A-2, 2AF-2 2C-1, 2CF-1, 2C-2, 2CF-2
99250	Youthful Females (Under 21, unmarried)	2D, 2DF
99300	No Youthful Drivers Business Use	3, 3A, 8, 8A
99600	Older Drivers (Over 65) Non Business Use	6A, 6B, 6C, 6AF
99900*	Insufficient information about Operators and Business Use to assign another Class	

* Before using Code 99900, an insurer must certify the inapplicability of any other Code and receive approval from TICO.

Report all Class 7 (group marketed) vehicles in one of the five groups as appropriate based upon the age, gender and marital status of the driver and use of the vehicle.

Quarterly Market Report

For reporting by driver class with the above codes, only the following fields are required to be reported (the remaining fields may be reported as zero):

- Plan Code
- Company NAIC Code
- MGA Indicator
- Accounting Date
- Coverage Code
- Five-Digit ZIP Code (using the appropriate code for each class of drivers)
- Written Premium
- Policy and Membership Fees
- Number of Vehicles on Policies at End of Previous Quarter
- Number of Vehicles on Policies at End of Current Quarter

The sum of entries in four fields -- Written Premium, Policy and Membership Fees, Number of Vehicles on Policies in Force at End of Previous Quarter and Number of Vehicles on Policies in Force at End of Current Quarter -- for all ZIP Codes shall be equal to the sum of entries in these fields for the five driver classes.

14. Limited Reporting for Initial Reports.

For the third and fourth quarters of 1993 and the first quarter of 1994 experience, the following fields are optional and may be reported blank:

- Vehicles Added During Quarter
- Vehicles Canceled at Insurer's Initiative
- Vehicles Canceled for Non-Payment of Premium
- Vehicles Canceled at Insured's Initiative

15. Rounding

Report premium and policy and membership fees rounded to the nearest whole dollar.

16. Detailed Reporting within ZIP Codes

The calculation of basic quota and territorial credits in the Texas Automobile Insurance Plan Association (TAIPA) is based upon eligible vehicles. Eligible vehicles are defined as those vehicles written at rates at or below the TAIPA Bodily Injury coverage rates in effect at the time the insurance policy issued by subscribers to TAIPA becomes effective.

The situation may arise in which an insurer writes both eligible and ineligible vehicles within a ZIP Code. In those situations, detailed reporting within a ZIP Code, as described in this instruction, is necessary. Under no circumstances will detailed reporting within a ZIP Code be necessary until the first TAIPA (as opposed to the old TAIP) rate becomes effective. *Insurers shall contact the Texas Department of Insurance at the address and phone number on page A-1 of this Statistical Plan before submitting detailed experience within a ZIP Code as described in this rule.*

The reporting company shall use the Plus Four field to identify different driver class codes and/or discounts within a ZIP Code. The first three digits of the Plus Four field will be driver class codes from Attachment E-5 of the Quarterly Detailed Experience Report. The fourth digit is reserved for any discounts. If no discounts are employed or if the discounts have no effect on determining vehicle eligibility, report the fourth digit as zero. If the insurer's rate for a particular driver class without a discount is above the TAIPA rate, but the rate for the driver class with the discount is below the TAIPA rate, the reporting insurer must use the fourth digit to differentiate between vehicles written at rates with and without the discount.

Quarterly Market Report

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Quarterly Market Report Record Layout and Field Definitions

- Plan Code (Numeric Field: Positions 1-2)
Report 14 to indicate the Quarterly Market Report.
- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five-digit NAIC Company Number.
- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other companies shall report blank. See Section 6 of the General Instructions for more detailed information.
- Accounting Date (Numeric Field: Positions 11-14)
Report the last month of the reporting quarter in YYYYMM format.
- Coverage Code (Numeric Field: Position 15)
Report the one-digit code for the coverage being reported:

Code	Coverage
1	Group 1 Voluntary Bodily Injury Liability (Including Combined Single Limits)
2	Group 1 Involuntary Bodily Injury Liability
3	Group 1 Collision Physical Damage
4	Group 2 Voluntary Bodily Injury Liability (Including Combined Single Limits)
5	Group 2 Involuntary Bodily Injury Liability
6	Group 2 Collision Physical Damage
- Five-Digit ZIP Code (Numeric Field: Positions 16-20)
Report every five-digit ZIP Code in which a vehicle insured by the reporting company is located. If the five-digit ZIP of the vehicle's location is not known, report zero.
- Plus Four ZIP Code (Numeric Field: Positions 21-24)
For each five-digit ZIP Code reported in previous field, report every Plus Four ZIP Code in which a vehicle insured by the reporting company is located. If the Plus Four ZIP is not known, report zero.

Quarterly Market Report Record Layout and Field Definitions

- Written Premium (Numeric Field: Positions 25-36)
Report the total direct written premium for the experience quarter by ZIP Code and coverage. For the Quarterly Market Report, written premium is defined as total gross premium excluding policy and membership fees and less return premium and premium on policies not taken. Policy and membership fees shall be reported separately in another field.

Report the premium for the specified coverage only. Do not include premiums for any other coverages. For Bodily Injury, report only written premium associated with the BI coverage. Include the BI portion of CSL policies with the reporting of BI written premium. Insurers who already separate CSL premium between BI and PD coverages may use that same method but shall report that method to the statistical agent. Insurers who do not currently split CSL premium between BI and PD coverages shall report sixty percent (60%) of the CSL premiums with the BI written premium and shall notify the statistical agent of this method. Do not include the premium associated with any other liability coverage when reporting BI written premium. For collision written premium, report only the premium associated with the collision coverage.
- Reserved (Field: Positions 37-39)
Report blank.

Quarterly Market Report Record Layout and Field Definitions

- Policy and Membership Fees (Numeric Field: 40-48)

Report policy and membership fees by ZIP Code and coverage. For membership and/or policy fees associated with policies which include liability coverage, report the policy and/or membership fee with Coverage Code 1 for Group 1 or Coverage Code 4 for Group 2 (Voluntary Bodily Injury). For membership and/or policy fees associated with policies which include only physical damage coverages, report the policy and/or membership fees with Coverage Code 3 for Group 1 or Coverage Code 6 for Group 2 (Collision). Report the entire policy and/or membership fees associated with the policy. Do not pro-rate the policy and/or membership fees by coverage.

For policies with vehicles in multiple ZIP Codes and only one policy fee, associate the policy fee with the first vehicle (and ZIP Code) on the policy. Notify the statistical agent of any procedures, other than random chance, which cause a vehicle to be listed first on the policy.

- Number of Vehicles on Policies at End of Previous Quarter (Numeric Field: Positions 49-56)

Report, by ZIP Code and coverage, the number of vehicles insured on policies in force at the end of the previous experience quarter.

- Number of Vehicles on Policies at End of Current Quarter (Numeric Field: Positions 57-64)

Report, by ZIP Code and coverage, the number of vehicles insured on policies in force at the end of the current experience quarter.

- Reserved (Field: Positions 65-67)

Report blank.

**Quarterly Market Report
Record Layout and Field Definitions**

- Reporting Method (Numeric Field: Position 68)

Report the code appropriate for the method of reporting vehicles added, canceled or non-renewed:

<u>Code</u>	<u>Reporting Method</u>
1	By Vehicle
2	By Policy

- Vehicles Added During Quarter (Numeric Field: Positions 69-76)

By Vehicle: Report the number of vehicles on new policies written during the experience quarter and vehicles added to existing policies during the experience quarter.

By Policy: Report only the number of vehicles on new policies written during the experience quarter.

- Vehicles Canceled or Non-Renewed at Insurer' Initiative (Numeric Field: Positions 77-84)

By Vehicle: Report the total number of vehicles canceled or non-renewed at the insurer's initiative during the experience quarter.

By Policy: Report only the number of vehicles on policies canceled or non-renewed at the insurer's initiative during the experience quarter.

- Vehicles Canceled for Non-Payment of Premium (Numeric Field: Positions 85-92)

By Vehicle: Report the number of vehicles canceled for non-payment of premium during the experience quarter. Do not include vehicles on lapsed policies.

By Policy: Report only the number of vehicles on policies canceled for non-payment of premium during the experience quarter. Do not include vehicles on lapsed policies.

**Quarterly Market Report
Record Layout and Field Definitions**

- Vehicles Canceled at Insured's Initiative (Numeric Field: Positions 93-100)

By Vehicle: Report the number of vehicles canceled at the insured's initiative during the experience quarter. Include vehicles discontinued from existing policies.

By Policy: Report only the number of vehicles on policies canceled at the insured's initiative during the experience quarter. Do not include vehicles discontinued from existing policies.

- Reserved (Field: Positions 101-150)

Report blank.

**Quarterly Market Report
Record Layout and Field Definitions**

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**Quarterly Market Report
Record Layout and Field Definitions**

Record Layout

Position	Field Length	Field Type *	Description
1 - 2	2	N	Plan Code
3 - 7	5	N	Company NAIC Code
8 - 10	3	N	MGA Indicator
11 - 14	4	N	Accounting Date
15	1	N	Coverage Code
16 - 20	5	N	Five Digit ZIP Code
21 - 24	4	N	Plus Four ZIP Code
25 - 36	12	N	Written Premium
37 - 39	3		RESERVED
40 - 48	9	N	Policy and Membership Fees
49 - 56	8	N	Number of Vehicles on Policies at End of Previous Quarter
57 - 64	8	N	Number of Vehicles on Policies at End of Current Quarter
65 - 67	3		RESERVED
68	1	N	Reporting Method
69 - 76	8	N	Vehicles Added During Quarter
77 - 84	8	N	Vehicles Canceled or Non-Renewed at Insurer's Initiative
85 - 92	8	N	Vehicles Canceled for Non-Payment of Premium
93 - 100	8	N	Vehicles Canceled at Insured's Initiative
101- 150	50		RESERVED

* Numeric (N) or Alphanumeric (A)

**Quarterly Market Report
Record Layout and Field Definitions**

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Section E:

Quarterly Detailed Experience Report

Quarterly Detailed Experience Report

Specific Instructions

1. Report Description

Every company in the Top Reporting Group, as defined in Section 4 of the General Instructions, shall quarterly submit this report of detailed premium, loss and loss adjustment expense experience.

County Mutuals that front for managing general agents (MGAs) shall submit data for each MGA separately. See Section 6 of the General Instructions for more information.

2. Due Dates For Submission

The Quarterly Detailed Experience Report shall be submitted within 45 days after the end of each experience quarter.

The first report will include experience from the second quarter 1994 and will be due by August 15, 1994.

Quarterly Detailed Experience Report

3. Private Passenger Automobile Groupings

For the purposes of the Quarterly Detailed Experience Report "private passenger" vehicles fall into one of three groups. For all reporting companies, all experience reported on Annual Statement Texas Page 14 Lines 19.1, 19.2 and 21.1 shall be reported in one of the three groups. For some reporting companies, some experience reported as "commercial" on the Annual Statement Texas Page 14 Lines 19.3, 19.4 and 21.2 shall be reported as private passenger business in one of the three groups. All experience for the three groups, defined below, shall be reported regardless of how the experience is classified for Annual Statement purposes.

Group 1: Regular Private Passenger Automobiles

For the Detailed Experience Report, regular private passenger automobiles are "private passenger vehicles" insured on non-fleet personal automobile policies and reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14. Group 1 does not include any vehicle insured on a fleet or other commercial type of policy. Group 1 does not include vehicles insured by the company on an excess basis only for liability coverages.

"Private passenger vehicles" are defined in the Texas Automobile Rules and Rating Manual and include:

- Private Passenger Automobiles (Rule 71 A 1)
- Certain Utility Vehicles (Rule 71 A 2)
- Certain Farm Vehicles (Rule 71 A 3)

Quarterly Detailed Experience Report

Group 2A: Miscellaneous Private Passenger Automobiles

For the Detailed Experience Report, miscellaneous private passenger automobiles are generally "miscellaneous vehicles" as defined by specific rule in the Texas Automobile Rules and Rating Manual and insured on non-fleet personal automobile policies. Group 2A does not include vehicles insured on a fleet or other commercial type of policy. Group 2A does not include vehicles insured by the company on an excess basis only for liability coverages.

"Miscellaneous vehicles" are defined by Rules 76, 77 and 78 of the Texas Automobile Rules and Rating Manual and include:

- Mobile Trailer Homes (Rule 76);
- Other Trailers (Rule 76);
- Recreational Trailers (Rule 76);
- All-Terrain Vehicles (Rule 77);
- Dune Buggies (Rule 77);
- Golf Carts (Rule 77);
- Motorcycles (Rule 77);
- Motorhomes (Rule 77);
- Snowmobiles (Rule 77); and
- Antique Vehicles (Rule 78).

Group 2B: Other Private Passenger Automobile Business

For the Detailed Experience Report, other private passenger automobile business is all experience reported on Annual Statement Texas Page 14 lines 19.1, 19.2 and 21.1 but not included in Groups 1 or 2A. Depending upon the reporting company, Group 2B may include vehicles written on an excess basis only for liability coverages, mechanical breakdown coverages, private passenger types written on commercial policies, vendors single interest and other types of policies.

Quarterly Detailed Experience Report

4. Unit Transaction Reporting

Experience is to be reported on a unit transaction basis.

Premium, loss, allocated loss adjustment expense, and salvage and subrogation transactions shall reflect incremental changes. At any date, the inception-to-date amount paid or received is the accumulation of the individual transactions.

Outstanding loss and outstanding allocated loss adjustment expense transactions shall reflect the current value of the outstanding amount rather than an incremental change to a previously reported amount.

The transactions shall reflect the greatest detail possible. For example, the coverage codes for combined bodily injury and property damage coverages shall only be used if the premium is indivisible. If the premium is divisible, two separate records shall be reported, one each for bodily injury and property damage liability.

5. Accounting Date

The accounting date is the date the transaction was recorded on the reporting company's books.

6. Experience To Be Reported

Each quarterly report shall include all transactions with an accounting date within the experience quarter.

For Group 1 experience, all data elements shall be reported. For Group 2A and 2B experience, limited reporting, as specified in Section 24 of these Specific Instructions, is required. The reporting company may report additional data elements beyond those required for limited reporting of 2A and 2B experience.

7. Transitional Reporting Rule

Certain of the data elements required to be reported have not been captured in earlier statistical plans and may not be readily available to companies. For these data elements, a special procedure shall apply whereby companies shall report all elements for new business and will gradually capture the currently unavailable elements for existing business at a time and manner that minimizes disruption to the company's operations. Specifically, for those elements identified in the reporting instructions as being subject to the transitional reporting rule, the following procedures shall apply:

- (a) All available data elements shall be reported on existing business.
- (b) All data elements shall be collected and reported on new business written on or after July 1, 1994.
- (c) Any unavailable data elements on existing business shall be collected and reported the first time the policy is re-underwritten.
- (d) Until such time as all data becomes available, any unavailable data subject to this Transition Rule shall be indicated by reporting zeroes in the appropriate field.

8. Type of Business Categories

All private passenger automobile experience in Texas shall be included in one of three categories, depending upon the type of insurer and whether the business is voluntary or involuntary. The three types are:

Type of Business 1: Voluntary Rate-Regulated

Voluntary rate-regulated business are vehicles insured voluntarily by insurers required to follow the rates and rules of the Texas Automobile Rules and Rating Manual.

Type of Business 2: Voluntary County Mutual

Voluntary County Mutual business are vehicles insured voluntarily by County Mutual insurance companies.

Type of Business 3: Involuntary

Involuntary business are vehicles insured involuntarily by assignment through either the Texas Automobile Insurance Plan or the Texas Automobile Insurance Plan Association.

Quarterly Detailed Experience Report

9. Record Types

The Quarterly Detailed Experience Report contains two record types:

<u>Code</u>	<u>Record Type</u>
1	Premium
2	Loss

All premium and policy and membership fees shall be reported as premium records. All paid loss, outstanding loss, paid allocated loss adjustment expense, outstanding allocated loss adjustment expense and salvage and subrogation shall be reported as loss records.

10. Transaction Identifiers

Transaction Identifiers shall be reported on all transactions to identify the type of transaction involved. Attachment E-1 provides a list of valid codes.

11. Coverage and Sub-Coverage Codes

Coverage Codes shall be reported on all transactions to identify the coverage involved. Attachment E-2 provides a list of valid codes.

Sub-Coverage Codes provide further detail on the coverage involved and shall be reported on all transactions related to Coverage Code 302 (Other Than Collision). For other coverages, the Sub-Coverage Code shall be reported zero. Attachment E-3 provides a list of valid codes.

12. Rounding

All loss, allocated loss adjustment expense, and salvage and subrogation amounts shall be rounded to the nearest whole dollar.

13. Transaction Effective and Expiration Dates

Transaction effective and expiration dates are applicable to premium transactions only and define the time over which the premium being reported is earned.

14. Premium Reporting

Premium is to be reported excluding policy and membership fees.

15. Policy and Membership Fee Reporting

Policy and membership fees shall be reported in a special field as follows:

- (a) If the policy is not a Combined Single Limit (CSL) policy and if the policy insures both liability (including no-fault) and physical damage coverages, or liability coverages only, report the total policy and membership fees on the bodily injury record -- Coverage Code 101.
- (b) If the policy is a CSL, report the total policy and membership fees on the CSL record -- Coverage Code 103 or 104.
- (c) If the policy insures physical damage coverages only, report the total policy and membership fees on either collision record (Coverage Code 301) or the other than collision record (Coverage Code 302).
- (c) For policies with multiple vehicles and only one policy fee, associate the policy fee with the first named vehicle. Notify the statistical agent of any procedures, other than random chance, which cause a vehicle to be listed first on the policy.
- (d) If there is no policy fee applicable to the record, report zero.

Quarterly Detailed Experience Report

16. Changes by Endorsement

If any previously reported records are affected by a change they shall be offset and a new record(s) reported as necessary. The offset record shall be identical to the previously reported record except:

- (a) The Accounting Date shall be the date the endorsement was recorded on the company's books;
- (b) The Transaction Identifier Code shall be 15 to indicate endorsement;
- (c) The Transaction Effective Date shall be the effective date of the endorsement;
- (d) The Transaction Expiration Date shall be the expiration date of the endorsement; and,
- (e) The Premium and any Policy or Membership Fee amounts shall be the unearned portion of such items and shall have the opposite sign to the previously reported record. The unearned amount shall be determined in a manner consistent with the terms of the policy (e.g., pro-rata or short rate).

New records shall be reported as necessary using the codings appropriate at the time of the inception of the endorsement.

17. Cancellations

A cancellation shall be reported as a premium record. Cancellations shall be reported by coverage. All previously reported records affected by the cancellation shall be offset. The offset records shall be identical to the previously reported records except:

- (a) The Accounting Date shall be the date the cancellation was recorded on the company's books;
- (b) The Transaction Identifier Code shall be 11, 12, 13 or 14 depending upon the circumstances of the cancellation;
- (c) The Transaction Effective Date shall be the effective date of the cancellation; and,
- (d) The Premium and any Policy or Membership Fee amounts shall be the unearned portion of the original entries and shall have the opposite sign to the previously reported record. The unearned amount shall be determined in a manner consistent with the terms of the policy (e.g., pro-rata or short rate).

18. Reinstatements

A reinstatement shall be reported as a premium record. The reinstatement record shall be identical to the cancellation offset record described in Section 17 above except:

- (a) The Accounting Date shall be the date the reinstatement was recorded on the company's books;
- (b) The Transaction Identifier Code shall be 17 to indicate reinstatement;
- (c) The Premium and Policy or Membership Fee amounts shall reverse the amounts on the cancellation record.
- (d) If there is a lapse in coverage associated with the reinstatement, the Transaction Effective and Transaction Expiration dates shall be revised as necessary.

19. Loss Reporting

Losses shall be reported gross of salvage and subrogation recoveries and net of deductible recoveries.

Outstanding losses shall include case reserves only. Reserves for incurred but not reported losses (IBNR) or other "bulk" reserves shall not be included.

Quarterly Detailed Experience Report

20. Excess Loss Reporting

Individual claims resulting from an occurrence shall be identified as specified under the Claimant Identifier. This information will enable the statistical agent to calculate losses in excess of mandatory minimum limits of liability. In these circumstances no special excess report is required.

A company unable to identify individual claims resulting from an occurrence shall proceed as follows:

- (a) The reporting company shall notify the statistical agent of its situation.
- (b) The company shall report all its experience in accordance with the instructions of this plan except that the Claimant Identifier shall be reported as zero.
- (c) In addition to (b), the company shall submit each quarter a special excess loss report to the statistical agent. This report shall include all transactions associated with claims in excess of the mandatory minimum limits and shall include a proper Claimant Identifier for occurrences with losses in excess of mandatory minimum limits of liability. This report shall be identified using Plan Codes 18 (for full reporting) or 19 (for limited reporting). This report shall also include corresponding offset records to records already reported under (b) above. These offset records shall be identical to the entries already reported under Plan Codes 16 or 17 except that the sign of the loss, allocated loss adjustment expense, salvage and subrogation or premium amounts shall be reversed. In particular, report the Claimant Identifier as zero in the offset record.

Quarterly Detailed Experience Report

- (d) It is important that the statistical agent has sufficient information to construct the inception-to-date loss amounts for each claimant. The following transactions shall be reported:
- If an occurrence is being included for the first time on the special excess report, the report shall contain all transactions from inception-to-date associated with each claimant and not only those transactions made in the current experience quarter. Similarly, there shall be offset records corresponding to all transactions previously reported for that occurrence on previous and current quarterly detailed experience reports.
 - If an occurrence has previously been reported on the special excess report, only the transactions occurring in the current experience quarter shall be reported. Similarly, there shall be offset records corresponding to transactions made in the current experience quarter only.
- (e) Before the special excess report is submitted, companies shall verify that claimant records and offset records balance. For example, the sum of paid losses or outstanding losses should be zero.

21. Allocated Loss Adjustment Expenses Reporting

Allocated loss adjustment expenses (ALAE) shall be reported according to the definitions used by that company for annual statement reporting purposes.

Outstanding ALAE shall include case reserves only. Reserves for incurred but not reported ALAE and other "bulk" reserves shall not be included.

Quarterly Detailed Experience Report

22. Salvage and Subrogation Reporting

Salvage and subrogation recoveries shall be reported as a loss record. Report the salvage and subrogation amount equal to the recovery less any expenses incurred in obtaining the recovery. Salvage and subrogation records shall be identical to the corresponding loss record except:

- (a) The Accounting Date shall be the date the salvage or subrogation was recorded on the company's books;
- (b) The Transaction Identifier Code shall be 55 to indicate salvage/subrogation; and,
- (c) The Loss amount shall be the amount of salvage or subrogation recovered (net of expenses) and shall be a negative amount. (If the record is a reversal of a previously reported salvage and subrogation record, the amount would be positive).

23. Catastrophe Loss Reporting

Loss, ALAE and salvage and subrogation transactions for other than collision (Coverage Code 302 only) that are associated with catastrophes shall be reported as any other transaction with an additional code to identify the catastrophe. The Texas Department of Insurance (TDI) will identify catastrophe events and notify insurers of the determination of catastrophe through a bulletin. The bulletin will identify the catastrophe by three-digit code, date, time and location of occurrence. Only transactions associated with the catastrophe and occurring within the date, time and location definitions published by TDI shall be coded as a catastrophe transactions.

To the extent possible, the first two digits of the catastrophe code will track the code used by the Property Claims Service. The third digit may be used to identify additional events or refine reporting for an identified event.

24. Limited Reporting for Private Passenger Auto Groups 2A and 2B

Private passenger automobile business that falls into Groups 2A and 2B as specified under Section 3 of these specific instructions may be reported on a limited coding basis only. For limited reporting records, the following data elements only are required to be reported. At the reporting company's option, the other elements (required for Group 1, but not for Groups 2A and 2B) shall be reported zero or with entries consistent with the instructions for Group 1 reporting.

Premium Transactions

- Plan Code
- NAIC Company Number
- MGA Indicator
- Accounting Date
- Record Type Code
- Transaction Identifier Code
- Type of Business Code
- Coverage Code
- Sub-Coverage Code
- Annual Statement Line of Business
- Rating Territory Code
- Rating Classification Code
- Driving Record Surcharges
- Policy Identifier
- Policy Limit per Claim
- Policy Limit per Occurrence
- Deductible Amount
- Transaction Effective Date
- Transaction Expiration Date
- Direct Written Premium
- Policy and Membership Fees

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Loss Transactions

- Plan Code
- NAIC Company Number
- MGA Indicator
- Accounting Date
- Record Type Code
- Transaction Identifier Code
- Type of Business Code
- Coverage Code
- Sub-Coverage Code
- Annual Statement Line of Business
- Territory Code
- Classification Code
- Driving Record Surcharges
- Policy Identifier
- Policy Limit per Claim
- Policy Limit per Occurrence
- Deductible Amount
- Occurrence Date
- Catastrophe Code
- Type of Loss
- Claim Count
- Loss Amount
- Occurrence Identifier
- Claimant Identifier

25. Claim Count

Count and report claims in the same manner used by the company when reporting to the previous private passenger automobile statistical agent in Texas. Use the same procedures for counting and reporting claims employed by the reporting company in effect on December 31, 1993.

26. Corrections

Adjustments of errors to previously reported and accepted data shall be accomplished by making a reversal of the original entry and by making a new entry showing the proper codes.

27. ZIP Code Reporting

Report the ZIP Code location of vehicles. The location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured.

There are two ZIP Code fields -- five-digit ZIP Code and Plus Four ZIP extension. Five-digit ZIP Code reporting is required, but Plus Four ZIP reporting is optional. Report zero if the five-digit ZIP Code or Plus Four ZIP Code is unknown.

28. Prior Compliance With Texas Financial Responsibility Laws

On new policies, premium and loss records require reporting if the named insured of the policy was in prior compliance with the Texas Financial Responsibility Laws.

The named insured is defined to have not been in prior compliance if at any time within the 30 days preceding the application for insurance, he or she has operated an uninsured private passenger vehicle in Texas.

The named insured is defined to have been in prior compliance if he or she has not operated an uninsured private passenger vehicle in Texas during the 30 days preceding the application for insurance. Note: This will include operators recently licensed as well as new residents to Texas.

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29. Rated Driver and Other Operators

Certain of the data elements require reporting of information related to the "rated driver," "principal operator," or "other operators."

"Operators" are defined to be all drivers covered by the policy.

The "principal operator" is defined as the operator that drives the vehicle most often.

The "rated driver" is defined as follows:

- (a) If the vehicle is in Group 2A or Group 2B, there is no rated driver.
- (b) If the vehicle is in Group 1, "rated driver" means the highest-rated operator assigned to the vehicle for rating purposes.
 - (i) If there are two or more drivers that could be considered as the rated operator and the principal operator is one of these drivers, then the principal operator shall be the "rated driver".
 - (ii) If there are two or more drivers that could be considered as the rated operator and the principal operator is not one of these drivers, then the reporting company shall select one of the rated operators as the rated driver. Whenever possible, the driver so selected shall be the owner of the vehicle.
 - (iii) If the company utilizes procedures different from (i) and (ii), the company shall notify the statistical agent of its procedures.

"Other Operators" are defined to be any operators, other than the rated driver, assigned to the vehicle for rating purposes. In particular, other operators include those operators assigned to the vehicle for the purpose of determining surcharges based on driving records.

30. Annual Mileage

Report estimated annual mileage for Group 1 vehicles only in thousands of miles. For example, report 15,000 miles as 15.

Companies that internally capture estimated mileage based on a range of miles should:

- (a) Calculate the estimated mileage based on the mid-point of the appropriate range;
- (b) Notify the statistical agent of the procedure and the ranges being utilized; and,
- (c) Immediately notify the statistical agent of any future changes in methodology.

31. Date First Insured With Company

For voluntary business, the date the named insured was first insured with the company is the date from which he or she has been continuously insured by the company or any other company in the insurer's company group. Do not count the period insurance was provided through an involuntary policy serviced by the company.

For involuntary business, report the date the named insured was assigned to the company and has since been continuously insured on an involuntary policy.

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32. Surcharges (Penalty Points)

Companies shall report the percentage surcharges that apply based on number of convictions and at-fault accidents. Any surcharges for SR 22 certifications shall not be included. For rate-regulated voluntary business, the surcharges are defined in Rule 75 in the Texas Automobile Rules and Rating Manual. For involuntary business, the surcharges are defined in Rule 42 of the Texas Automobile Rules and Rating Manual. For County Mutuals, any surcharges are defined in the County Mutual's rate manual.

Companies that internally capture surcharges based on ranges should:

- (a) Calculate the estimated surcharge based on the mid-point of the appropriate range;
- (b) Notify the statistical agent of the procedure and the ranges being utilized; and,
- (c) Immediately notify the statistical agent of any future changes in methodology.

33. Convictions

For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of major and minor convictions in separate fields. For other coverages, report major and minor convictions fields blank.

Report convictions occurring in a three-year period ending within three months of the policy inception date used by the company for rating purposes. The end date of this experience period shall be consistent with the Company's rating procedures, but must be within three months of the policy inception date. The reported number of convictions may include convictions of more than one operator.

"Conviction" is defined to be a final conviction in any court of the United States; or forfeiture of a bond; or payment of a fine or any amount accepted by the court, whether paid by or on behalf of a person, as a result of an allegation that a violation of a law regulating the operation of a motor vehicle has been committed.

A major conviction is defined to be a conviction of:

- (a) driving while under the influence of alcohol, controlled substance, drugs, or a combination of these substances;
- (b) involuntary manslaughter;
- (c) criminally negligent operation of a motor vehicle;
- (d) failure to stop, render aid, and disclose identity at scene of a motor vehicle accident; or,
- (e) driving while license suspended or driving without a valid driver's or operator's license in effect (except for a conviction for failure to have a motorcycle operator's endorsement provided the operator has an otherwise valid driver's license).

A minor conviction is defined to include any conviction of a traffic violation except:

- (a) a major conviction as defined above; or,
- (b) a parking conviction; or,
- (c) a conviction for an expired inspection sticker; or,
- (d) a conviction for failure to maintain or provide evidence of Automobile Liability Insurance.

Quarterly Detailed Experience Report

34. At-Fault Accidents

For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of at-fault accidents. For other coverages, report the at-fault accidents field blank.

Report at-fault accidents occurring in a three-year period ending within three months of the policy inception date used by the company for rating purposes. The end date of this experience period shall be consistent with the Company's rating procedures, but must be within three months of the policy inception date. The reported number of at-fault accidents may include at-fault accidents of more than one operator.

In determining the number of accidents only those incidents involving property damage in excess of \$500, or bodily injury or death shall be counted. The following incidents shall not be counted as accidents:

- (a) involving medical payments only or personal injury protection only;
- (b) while auto is legally parked, standing or stopped;
- (c) while auto is unattended;
- (d) when reimbursed by or on behalf of the person responsible for the accident, judgment is levied against such person, or the applicant demonstrates that judgment was not sought because such person failed to prove financial responsibility in Texas;
- (e) when recovery is usurped by governmental immunity;
- (f) involving a rear-end collision into insured vehicle from the rear and the operator is not convicted of a moving violation in connection with the accident;
- (g) when other party is charged with a moving violation and the operator is not convicted of a moving violation in connection with the accident;
- (h) involving damage by a hit-and-run driver if reported within 24 hours;
- (i) involving damage by contact with animals or fowls;
- (j) involving physical damage, limited to and caused by flying gravel or falling objects;
- (k) while on the premises of the applicant or operator; and
- (l) when the applicant or operator is not at-fault, or is investigated without being charged.

35. Discounts

Reporting of mandatory and optional discount is required. Each discount is a separate data element. Each discount field contains a reporting option to indicate the reporting company does not offer the discount.

For involuntary business, report only discounts offered in the involuntary market and do not include discounts offered to voluntary business.

36. Policy Identifier

The policy identifier shall be a fourteen (14) digit alphanumeric string assigned by the company. The policy identifier shall uniquely define the policy and be sufficient for the company to locate the policy in its records.

37. Occurrence and Claimant Identifiers

The Occurrence Identifier shall be a fourteen (14) digit alphanumeric string assigned by the company. The Occurrence Identifier shall uniquely define occurrences for each coverage and be sufficient for the company to locate the occurrence in its records. The Occurrence Identifier shall be reported for all coverages.

The Claimant Identifier shall be a unique number (up to four digits) assigned by the company to each claimant for all Liability coverages. The Claimant Identifier shall uniquely define claimants associated with a given occurrence and be sufficient for the company to locate the claimant in its records. The Claimant Identifier may be reported zero, at the reporting company's option, for Physical Damage coverages.

Companies unable to identify individual Liability coverage claimants resulting from an occurrence should report Claimant Identifier as zero and refer to Section 20 (Excess Loss Reporting) above.

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38. Policy Limits

There are two fields for policy limits -- Policy Limit Per Claimant and Policy Limit Per Occurrence -- for both premium and loss transactions. There are some differences in reporting between premium and loss transactions.

Policy Limits -- Premium Transactions

For liability and no-fault premium transactions, report the Policy Limit Per Claimant and Policy Limit Per Occurrence provided by the policy for the coverage being reported in thousands of dollars. For example, report \$20,000 as 20 and \$100,000 as 100. For physical damage premium transactions, report blank in the policy limits fields.

For transactions containing multiple coverages and multiple sets of policy limits, report the policy limits applicable to the major coverage provided. For example, on combined bodily injury and property damage liability transactions, report only the bodily injury limits.

If the Policy Limit Per Claimant is the same as the Policy Limit Per Occurrence, report this amount in both fields. If there is a Policy Limit per Claimant but no Policy Limit Per Occurrence, report 9999 in the Policy Limit per Occurrence field.

Policy Limits -- Loss Transactions

For liability and no-fault loss transactions, report the Policy Limit Per Claimant and Policy Limit Per Occurrence applicable to the type of loss being reported in thousands of dollars. For physical damage loss transactions, report blank in the policy limits fields.

If the Policy Limit Per Claimant is the same as the Policy Limit Per Occurrence, report this amount in both fields. If there is a Policy Limit per Claimant but no Policy Limit Per Occurrence, report 9999 in the Policy Limit per Occurrence field.

39. Deductibles

Report deductible amounts for both premium and loss transactions.

Deductibles -- Premium Transactions

For all premium transactions, report the per occurrence deductible for the coverage being reported in dollars. For example, report a \$50 deductible as 50 and \$100 deductible as 100. If the deductible is not a fixed dollar amount, report 1 (one). If there is no deductible, report zero.

For transactions containing multiple coverages and multiple deductibles, report the deductible applicable to the major coverage provided.

Deductibles -- Loss Transactions

For all loss transactions, report the deductible applicable to the occurrence being reported. If the deductible is not a fixed dollar amount, but determined as a percentage of loss or by some other basis, report the actual dollar amount of the deductible. If there is no deductible, report zero.

Quarterly Detailed Experience Report

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**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Plan Code (Numeric Field: Positions 1-2)
Report appropriate plan code:

Code	Report
16	Quarterly Detailed Experience
17	Quarterly Detailed Experience, Limited Reporting
18	Quarterly Detailed Experience, Special Excess
19	Quarterly Detailed, Special Excess Limited Reporting

- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five digit NAIC Company number.

- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other companies shall report blank. See Section 6 of the General Instructions for more detailed information.

- Accounting Date (Numeric Field: Positions 11-14)
Report the accounting data in YYMM format.

- Record Type Code (Numeric Field: Position 15)
Report 1 to indicate a premium record.

- Transaction Identifier (Numeric Field: Positions 16-17)
Indicate the type of transaction. Valid codes are shown on Attachment E-1.

- Reserved (Positions 18-21)
Report blank.

- Type of Business (Numeric Field: Position 22)
Indicate the type of business using the appropriate code.

Code	Type of Business
1	Voluntary business written by a rate-regulated company.
2	Voluntary business written by a County Mutual.
3	Involuntary (Assigned Risk) business.

- Coverage (Numeric Field: Positions 23-25)
Report the Coverage Code. Valid codes are shown on Attachment E-2.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Premium Transactions

- Sub-Coverage Code (Numeric Field: Positions 26-27)
For Coverage Codes 201 (Personal Injury Protection) and 302 (Other than Collision) report the Sub-Coverage Code. Valid codes are shown on Attachment E-3. For other coverages, report zero.
- Annual Statement Line of Business (Numeric Field: Positions 28-30)
Report the Line of Business in which the transaction is reported on the Annual Statement. Valid codes are shown on Attachment E-4.
- Territory (Numeric Field: Positions 31-32)
Report the two digit territory code from the Texas Automobile Rules and Rating Manual. Territory should be reported for all coverages, even those coverages not currently subject to territorial rating.
- Classification Code (Numeric Field: Positions 33-35)
Report the three digit classification code. Valid codes are shown on Attachment E-5. Classification should be reported for all coverages, even those not currently subject to class rating.
- Companion Policy Discount (Numeric Field: Position 36)
Indicate if the policy has discount:
Code Instruction
1 Discount Provided
2 Discount Not Provided
- Reserved (Positions 37-38)
Report blank.
- Five-Digit ZIP Code (Numeric Field: Positions 39-43)
Report the applicable five-digit ZIP Code based on the principal garaging location of the risk. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.
- Plus-Four ZIP Code (Numeric Field: Positions 44-47)
Report the applicable plus-four ZIP Code based on the principal garaging location of the risk. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Certified Risk (Numeric Field: Position 48)

Indicate if the policy is certified under an SR 22 filing using the appropriate code:

Code Instruction

- 1 The policy is not subject to an SR 22 filing.
- 2 The policy is subject to an SR 22 filing.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Prior Compliance With Texas Financial Responsibility Laws (Numeric Field: Position 49)

On new business, indicate whether the named insured on the policy was in compliance with Texas financial responsibility laws prior to the issuance of the current policy using the appropriate code:

Code Instruction

- 1 The named insured was in prior compliance with Texas Financial Responsibility Laws.
- 2 The named insured was not in prior compliance with Texas Financial Responsibility Laws.
- 3 Prior compliance of the named insured is unknown to the company and was not used by the company or its affiliates as a rating or underwriting variable.

On renewal business, report zero. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Principal Operator (Numeric Field: Position 50)

Indicate if the rated driver is the principal operator using the appropriate code:

Code Instruction

- 1 The rated driver is the principal operator.
- 2 The rated driver is not the principal operator.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Premium Transactions

- Date of Birth of Rated Driver (Numeric Field: Positions 51-54)
Report the date of birth of the rated driver in YYMM format.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Gender of the Rated Driver (Numeric Field: Position 55)
Indicate the gender of the rated driver using the appropriate code:

Code Instruction

- | | |
|---|---|
| 1 | Rated driver is male. |
| 2 | Rated driver is female. |
| 3 | Gender of the rated driver is unknown to the company and was not used as a rating or underwriting factor. |

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Marital Status of the Rated Driver (Numeric Field: Position 56)
Indicate the marital status of the rated driver using the appropriate code:

Code Instruction

- | | |
|---|---|
| 1 | Rated driver is married. |
| 2 | Rated driver is single. |
| 3 | Marital status of the rated driver is unknown to the company and was not used as a rating or underwriting factor. |

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Vehicle Use (Numeric Field: Position 57)

Identify the use of the vehicle using the appropriate code:

Code Instruction

- | | |
|---|--|
| 1 | Vehicle is used for personal pleasure purposes only and is not driven to work or school. |
| 2 | Vehicle is used for personal purposes only and is driven to work or school. |
| 3 | Vehicle is used for business (other than farm) purposes. |
| 4 | Vehicle is used for farm purposes. |

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Miles to Work or School (Numeric Field: Positions 58-59)

If Vehicle Use Code equals 2 (vehicle driven to work or school), report the actual miles to driven one way to work or school from 1 to 99. Miles driven one way in excess of 99 miles should be reported as 99. If Vehicle Use code is not equal to 2, report zero for miles to work or school.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Estimated Annual Mileage (Numeric Field: Positions 60-61)

Report the estimated annual mileage rounded to the nearest thousand of miles (0 to 99). For annual mileage greater than 99,500, report 99.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Date First Insured With Company (Numeric Field: Positions 62-65)

Report the date from which the named insured has been continuously insured with the company or any affiliated company in the same group in YYMM format.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Driving Record Surcharges (Points) (Numeric Field: Positions 66-68)
Report the percentage surcharge based upon convictions and at-fault accidents. Valid codes are zero (no surcharge) through 999. For surcharges of 999 percent or greater, report 999. Exclude surcharges for an SR 22 certification.

- Number of Major Convictions (Numeric Field: Position 69)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of major convictions used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) convictions, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Number of Minor Convictions (Numeric Field: Position 70)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of minor convictions used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) convictions, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- At-Fault Accidents (Numeric Field: Position 71)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of at-fault accidents used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) accidents, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Driver Training Discount (Numeric Field: Position 72)
Indicate whether the risk qualifies for driver training discount (i.e., a discount if all young operators have completed a driver training course; please note the distinction as to the source of training) using the appropriate code:

Code	Instruction
1	Discount is offered and the risk qualifies (Commercial training obtained).
2	Discount is offered for the coverage and the risk does not qualify.
3	Discount is not offered for the coverage.
4	Discount is offered and the risk qualifies (Parent/Guardian training obtained).

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Defensive Driver Discount (Numeric Field: Position 73)
Indicate whether the risk qualifies for a defensive driver discount (i.e., a discount if the principal operator has completed a defensive driver course) using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Student-Away-at-School Discount (Numeric Field: Position 74)
Indicate whether the risk qualifies for a student-away-at- school discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Anti-Lock Brake Discount (Numeric Field: Position 75)
Indicate whether the risk qualifies for an anti-lock brake discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Renewal Discount (Numeric Field: Position 76)
Indicate whether the risk qualifies for a renewal discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Two or More Autos Credit (Numeric Field: Position 77)
Indicate whether the risk qualifies for a multi-car discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Anti-Theft Discount (Numeric Field: Position 78)
Indicate whether the risk qualifies for an anti-theft discount using the appropriate code:

Code Instruction

1	Discount is offered and the risk qualifies as Category I.
2	Discount is offered and the risk qualifies as Category II.
3	Discount is offered and the risk qualifies as Category III.
4	Discount is offered and the risk qualifies as Category IV.
5	Discount is offered and the risk qualifies as Category V.
7	Discount is offered and risk qualifies with some combination not elsewhere identified.
8	Discount is offered for the coverage and the risk does not qualify.
9	Discount is not offered for the coverage.

Categories of vehicles for the discount are defined as follows:

Category I contains one of (i) anti-hot-wiring circuit; (ii) alarm device that is activated by a door, hood or trunk sensor; (iii) window identification system; or (iv) an armored steel collar that covers the steering column.

Category II - Category I plus anti-hot-wiring circuit, automatic shutoff and reset, and two or more of (i) glass sensor; (ii) vibration sensor; (iii) motion sensor; and (iv) ultrasonic sensor.

Category III - Category II plus a hood restraint and backup battery.

Category IV - Category III plus a system using a passive method of activating or deactivating the alarm system.

Category V - Category IV plus a stolen vehicle recovery system.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Passive Restraint Discount (Numeric Field: Position 79)
Indicate whether the risk qualifies for a passive restraint discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies with airbags in front seats.
 - 2 Discount is offered and the risk qualifies with airbag in driver's seat.
 - 3 Discount is offered and the risk qualifies with belts in front seats.
 - 4 Discount is offered and the risk qualifies with belt in driver's seat.
 - 7 Discount is offered and risk qualifies with some combination not elsewhere identified.
 - 8 Discount is offered for the coverage and the risk does not qualify.
 - 9 Discount is not offered for the coverage.

- Drug/Alcohol Education Discount (Numeric Field: Position 80)
Indicate whether the risk qualifies for a drug/alcohol education discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Good Student Discount (Numeric Field: Position 81)
Indicate whether the risk qualifies for a good student discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Youth Group Member Discount (Numeric Field: Position 82)
Indicate whether the risk qualifies for a youth group member discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Reserved (Position 83)
Report blank.

- Model Year (Numeric Field: Positions 84-87)
For physical damage coverages, report the actual four-digit model year of the vehicle. For other coverages report zero.

- Symbol Group (Numeric Field: Positions 88-89)
For physical damage coverages report the symbol group from the Texas Automobile Rules and Rating Manual. For other coverages, report zero.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Premium Transactions

- Vehicle Identification Number (Alphanumeric Field: Positions 90-99)
Report the first ten (10) digits of the VIN number.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.
- Reserved (Positions: 100-109)
Report blank.
- Policy Identifier (Alphanumeric Field: Positions 110-123)
Report the policy identifier. Valid codes are any 14 digit alphanumeric string that uniquely identifies the policy.
- Policy Limit Per Claimant (Numeric Field: 124-127)
For coverages other than physical damage, report the per claimant limit rounded to the nearest thousands of dollars. For example, report \$300,000 as '300' and \$1,000,000 as '1000.' For physical damage coverages, report blank. See Section 38 of these Specific Instructions for differences in reporting by coverage and by transaction type.
- Policy Limit Per Occurrence (Numeric Field: Positions 128-131)
Report the per occurrence limit, rounded to the nearest thousands of dollars. For physical damage and other coverages for which no limit applies, report blank. See Section 38 of these Specific Instructions for differences in reporting by coverage and by transaction type.
- Deductible Amount (Numeric Field: Positions 132-136)
Report the deductible amount rounded to the nearest dollar. If no deductible applies, report zero. See Section 39 of these Specific Instructions for differences in reporting by coverage and by transaction type and for reporting deductibles which are not fixed dollar amounts.
- Reserved (Positions 137-138)
Report blank.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

- Transaction Effective Date (Numeric Field: Positions 139-144)
Report the transaction effective date in YYMMDD format.
- Transaction Expiration Date (Numeric Field: Positions 145-150)
Report the transaction expiration date in YYMMDD format.
- Direct Written Premium (Numeric Field: Positions 151-155)
Report the total direct written premium (excluding policy and membership fees) for the coverage being reported. Report zero if there is no premium.
- Policy and Membership Fees (Numeric Field: Positions 156-158)
Report the Policy and Membership Fees with the appropriate coverage, as described in Section 15 of these Specific Instructions. If there are no Policy and Membership Fees, report zero.
- Reserved (Positions 159-300)
Report blank.

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Record Layout and Field Definitions -- Premium Transactions**

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**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Plan Code (Numeric Field: Positions 1-2)
Report appropriate plan code:

Code	Report
16	Quarterly Detailed Experience
17	Quarterly Detailed Experience, Limited Reporting
18	Quarterly Detailed Experience, Special Excess
19	Quarterly Detailed, Special Excess Limited Reporting

- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five-digit NAIC Company number.

- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other companies shall report blank. See Section 6 of the General Instructions for more detailed information.

- Accounting Date (Numeric Field: Positions 11-14)
Report the accounting data in YYMM format.

- Record Type Code (Numeric Field: Position 15)
Report 2 to indicate a loss record.

- Transaction Identifier Code (Numeric Field: Positions 16-17)
Indicate the type of transaction. Valid codes are shown on Attachment E-1.

- Reserved (Positions 18-21)
Report blank.

- Type of Business (Numeric Field: Position 22)
Indicate the type of business using the appropriate code.

Code	Type of Business
1	Voluntary business written by a rate-regulated company.
2	Voluntary business written by a County Mutual.
3	Involuntary (Assigned Risk) business.

- Coverage Code (Numeric Field: Positions 23-25)
Report the Coverage Code. Valid codes are shown on Attachment E-2.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Loss Transactions

- Sub-Coverage Code (Numeric Field: Positions 26-27)
For Coverage Codes 201 (Personal Injury Protection) and 302 (Other than Collision), report the Sub-Coverage Code. Valid codes are shown on Attachment E-3. For other coverages, report zero.
- Annual Statement Line of Business (Numeric Field: Positions 28-30)
Report the Line of Business in which the transaction is reported on the Annual Statement. Valid codes are shown on Attachment E-4.
- Territory (Numeric Field: Positions 31-32)
Report the two digit territory code from the Texas Automobile Rules and Rating Manual. Territory should be reported for all coverages, even those coverages not currently subject to territorial rating.
- Classification Code (Numeric Field: Positions 33-35)
Report the three digit classification code. Valid codes are shown on Attachment E-5. Classification should be reported for all coverages, even those not currently subject to class rating.
- Companion Policy Discount (Numeric Field: Position 36)
Indicate if the policy has discount:
Code Instruction
1 Discount Provided
2 Discount Not Provided
- Reserved (Positions 37-38)
Report blank.
- Five-Digit ZIP Code (Numeric Field: Positions 39-43)
Report the applicable five-digit ZIP Code based on the principal garaging location of the risk. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.
- Plus-Four ZIP Code (Numeric Field: Positions 44-47)
Report the applicable plus-four ZIP Code based on the principal garaging location of the risk. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Certified Risk (Numeric Field: Position 48)

Indicate if the policy is certified under an SR 22 filing using the appropriate code:

Code Instruction

- 1 The policy is not subject to an SR 22 filing.
- 2 The policy is subject to an SR 22 filing.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Prior Compliance With Texas Financial Responsibility Laws (Numeric Field: Position 49)

On new business, indicate whether the named insured on the policy was in compliance with Texas financial responsibility laws prior to the issuance of the current policy using the appropriate code:

Code Instruction

- 1 The named insured was in prior compliance with Texas Financial Responsibility Laws.
- 2 The named insured was not in prior compliance with Texas Financial Responsibility Laws.
- 3 Prior compliance of the named insured is unknown to the company and was not used by the company or its affiliates as a rating or underwriting variable.

On renewal business, report zero. The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Principal Operator (Numeric Field: Position 50)

Indicate if the rated driver is the principal operator using the appropriate code:

Code Instruction

- 1 The rated driver is the principal operator.
- 2 The rated driver is not the principal operator.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Date of Birth of Rated Driver (Numeric Field: Positions 51-54)
Report the date of birth of the rated driver in YYMM format.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Gender of the Rated Driver (Numeric Field: Position 55)
Indicate the gender of the rated driver using the appropriate code:

Code Instruction

- 1 Rated driver is male.
- 2 Rated driver is female.
- 3 Gender of the rated driver is unknown to the company and was not used as a rating or underwriting factor.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Marital Status of the Rated Driver (Numeric Field: Position 56)
Indicate the marital status of the rated driver using the appropriate code:

Code Instruction

- 1 Rated driver is married.
- 2 Rated driver is single.
- 3 Marital status of the rated driver is unknown to the company and was not used as a rating or underwriting factor.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Vehicle Use (Numeric Field: Position 57)

Identify the use of the vehicle using the appropriate code:

Code Instruction

- | | |
|---|--|
| 1 | Vehicle is used for personal pleasure purposes only and is not driven to work or school. |
| 2 | Vehicle is used for personal purposes only and is driven to work or school. |
| 3 | Vehicle is used for business (other than farm) purposes. |
| 4 | Vehicle is used for farm purposes. |

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Miles to Work or School (Numeric Field: Positions 58-59)

If Vehicle Use Code equals 2 (i.e., vehicle driven to work or school), report the actual miles driven one way to work or school from 1 to 99. Miles driven one way in excess of 99 miles should be reported as 99. If Vehicle Use code is not equal to 2, report zero for miles to work school.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Estimated Annual Mileage (Numeric Field: Positions 60-61)

Report the estimated annual mileage rounded to the nearest thousand of miles (0 to 99). For annual mileage greater than 99,500, report 99.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Date First Insured With Company (Numeric Field: Positions 62-65)

Report the date from which the named insured has been continuously insured with the company or any affiliated company in the same group in YYMM format.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Loss Transactions

- Driving Record Surcharges (Points) (Numeric Field: Positions 66-68)
Report the percentage surcharge based upon convictions and at-fault accidents. Valid codes are zero (no surcharge) through 999. For surcharges of 999 percent or greater, report 999. Exclude surcharges for an SR 22 certification.
- Number of Major Convictions (Numeric Field: Position 69)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of major convictions used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) convictions, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Number of Minor Convictions (Numeric Field: Position 70)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of minor convictions used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) convictions, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- At-Fault Accidents (Numeric Field: Position 71)
For bodily injury liability, property damage liability, medical payments, personal injury protection and collision coverages, report the number of at-fault accidents used to rate the coverage. Valid codes are numbers zero through nine. If there are more than nine (9) accidents, report 9. For other coverages, report blank.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.

- Driver Training Discount (Numeric Field: Position 72)
Indicate whether the risk qualifies for driver training discount (i.e., a discount if all young operators have completed a driver training course; please note the distinction as to the source of training) using the appropriate code:

Code Instruction

- 1 Discount is offered and the risk qualifies (Commercial training obtained).
- 2 Discount is offered for the coverage and the risk does not qualify.
- 3 Discount is not offered for the coverage.
- 4 Discount is offered and the risk qualifies (Parent/Guardian training obtained).

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Defensive Driver Discount (Numeric Field: Position 73)
Indicate whether the risk qualifies for a defensive driver discount (i.e., a discount if the principal operator has completed a defensive driver course) using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Student-Away-at-School Discount (Numeric Field: Position 74)
Indicate whether the risk qualifies for a student-away-at- school discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Anti-Lock Brake Discount (Numeric Field: Position 75)
Indicate whether the risk qualifies for an anti-lock brake discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Renewal Discount (Numeric Field: Position 76)
Indicate whether the risk qualifies for a renewal discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

- Two or More Autos Credit (Numeric Field: Position 77)
Indicate whether the risk qualifies for a multi-car discount using the appropriate code:
Code Instruction
 - 1 Discount is offered and the risk qualifies.
 - 2 Discount is offered for the coverage and the risk does not qualify.
 - 3 Discount is not offered for the coverage.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Loss Transactions

- Anti-Theft Discount (Numeric Field: Position 78)
Indicate whether the risk qualifies for an anti-theft discount using the appropriate code:

Code	Instruction
-------------	--------------------

1	Discount is offered and the risk qualifies as Category I.
2	Discount is offered and the risk qualifies as Category II.
3	Discount is offered and the risk qualifies as Category III.
4	Discount is offered and the risk qualifies as Category IV.
5	Discount is offered and the risk qualifies as Category V.
7	Discount is offered and risk qualifies with some combination not elsewhere identified.
8	Discount is offered for the coverage and the risk does not qualify.
9	Discount is not offered for the coverage.

Categories of vehicles for the discount are defined as follows:

Category I contains one of (i) anti-hot-wiring circuit; (ii) alarm device that is activated by a door, hood or trunk sensor; (iii) window identification system; or (iv) an armored steel collar that covers the steering column.

Category II - Category I plus anti-hot-wiring circuit, automatic shutoff and reset, and two or more of (i) glass sensor; (ii) vibration sensor; (iii) motion sensor; and (iv) ultrasonic sensor.

Category III - Category II plus a hood restraint and backup battery.

Category IV - Category III plus a system using a passive method of activating or deactivating the alarm system.

Category V - Category IV plus a stolen vehicle recovery system.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

- Passive Restraint Discount (Numeric Field: Position 79)
Indicate whether the risk qualifies for a passive restraint discount using the appropriate code:

Code	Instruction
1	Discount is offered and the risk qualifies with airbags in front seats.
2	Discount is offered and the risk qualifies with airbag in driver's seat.
3	Discount is offered and the risk qualifies with belts in front seats.
4	Discount is offered and the risk qualifies with belt in driver's seat.
7	Discount is offered and risk qualifies with some combination not elsewhere identified.
8	Discount is offered for the coverage and the risk does not qualify.
9	Discount is not offered for the coverage.

- Drug/Alcohol Education Discount (Numeric Field: Position 80)
Indicate whether the risk qualifies for a drug/alcohol education discount using the appropriate code:

Code	Instruction
1	Discount is offered and the risk qualifies.
2	Discount is offered for the coverage and the risk does not qualify.
3	Discount is not offered for the coverage.

- Good Student Discount (Numeric Field: Position 81)
Indicate whether the risk qualifies for a good student discount using the appropriate code:

Code	Instruction
1	Discount is offered and the risk qualifies.
2	Discount is offered for the coverage and the risk does not qualify.
3	Discount is not offered for the coverage.

- Youth Group Member Discount (Numeric Field: Position 82)
Indicate whether the risk qualifies for a youth group member discount using the appropriate code:

Code	Instruction
1	Discount is offered and the risk qualifies.
2	Discount is offered for the coverage and the risk does not qualify.
3	Discount is not offered for the coverage.

- Reserved (Position 83)
Report blank.

- Model Year (Numeric Field: Positions 84-87)
For physical damage coverages, report the actual four-digit model year of the vehicle. For other coverages, report zero.

- Symbol Group (Numeric Field: Positions 88-89)
For physical damage coverages, report the symbol group from the Texas Automobile Rules and Rating Manual. For other coverages, report zero.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Loss Transactions

- Vehicle Identification Number (Alphanumeric Field: Positions 90-99)
Report the first ten (10) digits of the VIN number.

The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.
- Reserved (Positions: 100-109)
Report blank.
- Policy Identifier (Alphanumeric Field: Positions 110-123)
Report the policy identifier. Valid codes are any 14 digit alphanumeric string that uniquely identifies the policy.
- Policy Limit Per Claimant (Numeric Field: 124-127)
For coverages other than physical damage, report the per claimant limit rounded to the nearest thousands of dollars. For example, report \$300,000 as '300' and \$1,000,000 as '1000.' For physical damage coverages, report blank. See Section 38 of these Specific Instructions for differences in reporting by coverage and by transaction type.
- Policy Limit Per Occurrence (Numeric Field: Positions 128-131)
Report the per occurrence limit, rounded to the nearest thousands of dollars. For physical damage and other coverages for which no limit applies, report blank. See Section 38 of these Specific Instructions for differences in reporting by coverage and by transaction type.
- Deductible Amount (Numeric Field: Positions 132-136)
Report the deductible amount rounded to the nearest dollar. If no deductible applies, report zero. See Section 39 of these Specific Instructions for differences in reporting by coverage and by transaction type and for reporting deductibles which are not fixed dollar amounts.
- Reserved (Positions 137-158)
Report blank.

Quarterly Detailed Experience Report Record Layout and Field Definitions -- Loss Transactions

- Occurrence Date (Numeric Field: Positions 159-164)
Report the date on which the loss occurred, in YYMMDD format.
 - Catastrophe Code (Numeric Field: Positions 165-167)
If record relates to a catastrophe, report the three-digit catastrophe code assigned by the Texas Department of Insurance. Otherwise, report zero.
 - Type of Loss (Numeric Field: Positions 168-169)
Report the type of loss code associated with the claim being reported. Valid codes are shown on Attachment E-6.
 - Claim Count (Numeric Field: Position 170-171)
Report the claim count.
 - Loss Amount (Numeric Field: Positions 172-180)
Report the loss, ALAE or salvage and subrogation amount consistent with the Transaction Identifier.
 - Occurrence Identifier (Alphanumeric Field: Positions 181-194)
Report the occurrence identifier for all coverages.
 - Claimant Identifier (Numeric Field: Positions 195-198)
Report the claimant identifier for all liability coverages. The claimant identifier for physical damage coverages may be reported zero.
 - Accident State (Numeric Field: Positions 199-200)
Report the two-digit code for the state in which the accident or loss occurred. Valid codes are shown on Attachment E-7.
- The transitional reporting rule (Section 7 of Specific Instructions) is applicable to this element.
- Reserved (Positions 201-300)
Report blank.

**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

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**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Loss Transactions**

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**Quarterly Detailed Experience Report
Record Layout and Field Definitions -- Premium Transactions**

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**Quarterly Detailed Experience Report
Record Layout for Premium Transactions**

POSITION	Field Length	Limited Code	Tran. Rule	Field Type*	DESCRIPTION
1 – 2	2	X		N	Plan Code
3 – 7	5	X		N	NAIC Company Number
8 – 10	3	X		N	MGA Indicator
11 – 14	4	X		N	Accounting Date
15	1	X		N	Record Type Code
16 – 17	2	X		N	Transaction Identifier Code
18 – 21	4				RESERVED
22	1	X		N	Type of Business Code
23 – 25	3	X		N	Coverage Code
26 – 27	2	X		N	Sub-Coverage Code
28 – 30	3	X		N	Annual Statement Line of Business
31 – 32	2	X		N	Territory Code
33 – 35	3	X		N	Classification Code
36	1		X	N	Companion Policy Discount
37 – 38	3				RESERVED
39 – 43	5		X	N	Five-Digit ZIP Code
44 – 47	4		X	N	Plus Four ZIP
48	1		X	N	Certified Risk
49	1		X	N	Prior Compliance with Texas Financial Responsibility Laws
50	1		X	N	Principal Operator
51 – 54	4		X	N	Date of Birth of Rated Driver
55	1		X	N	Gender of the Rated Driver
56	1		X	N	Marital Status of the Rated Driver
57	1		X	N	Vehicle Use
58 – 59	2		X	N	Miles to Work or School
60 – 61	2		X	N	Estimated Annual Mileage
62 – 65	4		X	N	Date First Insured with Company
66 – 68	3	X		N	Driving Record Surcharges
69	1		X	N	Number of Major Convictions
70	1		X	N	Number of Minor Convictions
71	1		X	N	At-Fault Accidents
72	1			N	Driver Training Discount
73	1			N	Defensive Driver Discount
74	1			N	Student Away at School Discount
75	1			N	Anti-Lock Brake Discount

* Numeric (N) or Alphanumeric (A)

**Quarterly Detailed Experience Report
Record Layout for Premium Transactions**

POSITION	Field Length	Limited Coding	Tran. Rule	Field Type*	DESCRIPTION
76	1			N	Renewal Discount
77	1			N	Two or More Autos Credit
78	1			N	Anti-Theft Discount
79	1			N	Passive Restraint Discount
80	1			N	Drug/Alcohol Education Discount
81	1			N	Good Student Discount
82	1			N	Youth Group Member Discount
83	1				RESERVED
84 – 87	4			N	Model Year
88 – 89	2			N	Symbol Group
90 – 99	10		X	A	Vehicle Identification Number
100 – 109	10				RESERVED
110 – 123	14	X		A	Policy Identifier
124 – 127	4	X		N	Policy Limit Per Claimant
128 – 131	4	X		N	Policy Limit Per Occurrence
132 – 136	5	X		N	Deductible Amount
137 – 138	2				RESERVED
139 – 144	6	X		N	Transaction Effective Date
145 – 150	6	X		N	Transaction Expiration Date
151 – 155	5	X		N	Direct Written Premium
156 – 158	3	X		N	Policy and Membership Fees
159 – 300	142				RESERVED

* Numeric (N) or Alphanumeric (A)

**Quarterly Detailed Experience Report
Record Layout for Loss Transactions**

POSITION	Field Length	Limited Coding	Tran. Rule	Field Type*	DESCRIPTION
1 - 2	2	X		N	Plan Code
3 - 7	5	X		N	NAIC Company Number
8 - 10	3	X		N	MGA Indicator
11 - 14	4	X		N	Accounting Date
15	1	X		N	Record Type Code
16 - 17	2	X		N	Transaction Identifier Code
18 - 21	4				RESERVED
22	1	X		N	Type of Business Code
23 - 25	3	X		N	Coverage Code
26 - 27	2	X		N	Sub-Coverage Code
28 - 30	3	X		N	Annual Statement Line of Business
31 - 32	2	X		N	Territory Code
33 - 35	3	X		N	Classification Code
36	1	X		N	Companion Policy Discount
37 - 38	3				RESERVED
39 - 43	5		X	N	Five-Digit ZIP Code
44 - 47	4		X	N	Plus Four ZIP
48	1		X	N	Certified Risk
49	1		X	N	Prior Compliance with Texas Financial Responsibility Laws
50	1		X	N	Principal Operator
51 - 54	4		X	N	Date of Birth of Rated Driver
55	1		X	N	Gender of the Rated Driver
56	1		X	N	Marital Status of the Rated Driver
57	1		X	N	Vehicle Use
58 - 59	2		X	N	Miles to Work or School
60 - 61	2		X	N	Estimated Annual Mileage
62 - 65	4		X	N	Date First Insured with Company
66 - 68	3	X		N	Driving Record Surcharges
69	1		X	N	Number of Major Convictions
70	1		X	N	Number of Minor Convictions
71	1		X	N	At-Fault Accidents
72	1			N	Driver Training Discount
73	1			N	Defensive Driver Discount
74	1			N	Student Away at School Discount
75	1			N	Anti-Lock Brake Discount

* Numeric (N) or Alphanumeric (A)

**Quarterly Detailed Experience Report
Record Layout for Loss Transactions**

POSITION	Field Length	Limited Coding	Tran. Rule	Field Type*	DESCRIPTION
76	1			N	Renewal Discount
77	1			N	Two or More Autos Credit
78	1			N	Anti-Theft Discount
79	1			N	Passive Restraint Discount
80	1			N	Drug/Alcohol Education Discount
81	1			N	Good Student Discount
82	1			N	Youth Group Member Discount
83	1				RESERVED
84 - 87	4			N	Model Year
88 - 89	2			N	Symbol Group
90 - 99	10		X	A	Vehicle Identification Number
100 - 109	10				RESERVED
110 - 123	14	X		A	Policy Identifier
124 - 127	4	X		N	Policy Limit Per Claimant
128 - 131	4	X		N	Policy Limit Per Occurrence
132 - 136	5	X		N	Deductible Amount
137 - 158	22				RESERVED
159 - 164	6	X		N	Occurrence Date
165 - 167	3	X		N	Catastrophe Code
168 - 169	2	X		N	Type of Loss
170 - 171	2	X		N	Claim Count
172 - 180	9	X		N	Loss Amount
181 - 194	14	X		A	Occurrence Identifier
195 - 198	4	X		N	Claimant Identifier
199 - 200	2		X	N	Accident State
201 - 300	100				RESERVED

* Numeric (N) or Alphanumeric (A)

ATTACHMENT E-1

TRANSACTION IDENTIFIER CODES

Description	CODE
Premium Transactions	
Cancellation - Insured's Option	11
Cancellation - Non Payment of Premium	12
Cancellation - Company's Option	13
Cancellation - Unknown Cause	14
Endorsement	15
Audit Premium	16
Reinstatement	17
New Policy	18
Renewal Policy	19
Retrospective Premium Adjustment	20
Loss Transactions	
Paid Loss	51
Outstanding Loss (Case Reserve)	52
Paid Allocated Loss Adjustment Expense	53
Outstanding Allocated Loss Adjustment Expense	54
Salvage & Subrogation	55

**Quarterly Detailed Experience Report
Attachments**

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ATTACHMENT E-2

COVERAGE CODES

Description	CODE
Liability	
Bodily Injury	101
Property Damage	102
Combined Bodily Injury and Property Damage (Indivisible Premium Only)	
Single Limit	103
Split Limit	104
Medical Payments	105
Uninsured/Underinsured Motorists Bodily Injury	106
Uninsured/Underinsured Motorists Property Damage	107
Combined Uninsured/Underinsured Motorists Bodily Injury and Property Damage - (Indivisible Premium Only)	
Single Limit	108
Split Limit	109
Other Liability	199
No-Fault	
Personal Injury Protection	201
Physical Damage	
Collision	301
Other Than Collision	302

**Quarterly Detailed Experience Report
Attachments**

ATTACHMENT E-3

SUB-COVERAGE CODES

Description	CODE
Physical Damage - Other Than Collision	
Comprehensive	01
Fire	02
Fire and Theft	03
Fire, Theft, and Windstorm	04
Auto Home Contents	05
Rental Reimbursement \$20 a day	06
\$25 a day	61
\$30 a day	62
\$35 a day	63
Other than collision coverage for tapes, records, discs, and other media used with audio, visual, and data electronic equipment permanently installed in the automobile.	07
Other than collision coverage for audio, visual, and data electronic equipment permanently installed in the automobile.	08
Towing and Labor Coverage	09
All other "other than collision" coverages	19

ATTACHMENT E-4

ANNUAL STATEMENT LINE OF BUSINESS CODES

Description	CODE
19.1 Private passenger auto No-Fault (personal injury protection)	191
19.2 Other private passenger auto liability	192
19.3 Commercial auto No-Fault(personal injury protection)	193
19.4 Other Commercial auto liability	194
21.1 Private passenger auto physical damage	211
21.2 Commercial auto physical damage	212

**Quarterly Detailed Experience Report
Attachments**

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ATTACHMENT E-5

CLASSIFICATION CODES (Page 1 of 2)

Group 1

MANUAL CLASSIFICATION	CODES
Non-Farm Classes	
1A	110
1B	120
1C	130
2A(1)	211
2A(2)	212
2C(1)	231
2C(2)	232
2D	240
3	300
3A	310
6A	610
6B	620
6C	630
7	710
7 Group Market -- Male age 24 or less	
7 Group Market -- Driver age 65 and over	720
7 Group Market -- All other	730
8	800
8A	810
Farm Classes	
1AF	119
2AF(1)	218
2AF(2)	219
2CF(1)	238
2CF(2)	239
2DF	249
6AF	619

**Quarterly Detailed Experience Report
Attachments**

**ATTACHMENT E-5
Classification Codes (Page 2 of 2)**

Group 2A

CLASSIFICATION	CODES
All-Terrain Vehicles	950
Antique Vehicles	951
Dune Buggies	952
Golf Carts	953
Snowmobiles	954
MOTORCYCLES - etc. - Size of Engine	
Operator Under Age 25	
• 0-100 cc	901
• 101-200 cc	902
• 201-360 cc	903
• 361-500 cc	904
• 501-800 cc	905
• 801-1000 cc	906
• Over 1000 cc	907
All Other Operators	
• 0-100 cc	911
• 101-200 cc	912
• 201-360 cc	913
• 361-500 cc	914
• 501-800 cc	915
• 801-1000 cc	916
• Over 1000 cc	917
Motorhomes	940
Trailers	
• Recreational Trailers	930
• Mobile/Trailer Homes	931
• All Other (incl. Utility Trailers)	932

Group 2B

Excess Policy	990
Mechanical Breakdown	991
Private Passenger Types Written on a Commercial Policy	992
Vendors Single Interest	993
Other	999

ATTACHMENT E-6

TYPE OF LOSS CODES

Description	CODE
Liability	
Property Damage	01
Bodily Injury	
Death	02
Other than Death	03
Unknown	04*
Medical Payments	08
All Other Liability	09
Uninsured Motorists Property Damage	11
Uninsured Motorists Bodily Injury	
Death	12
Other than Death	13
Unknown	14*
Underinsured Motorists Property Damage	21
Underinsured Motorists Bodily Injury	
Death	22
Other than Death	23
Unknown	24*
No-Fault	
Medical Expense	41
Income Loss	42
All Other	49
Physical Damage	
Collision	51
Fire	52
Flood and Rising Water	53
Glass only	54
Malicious Mischief and Vandalism	55
Mechanical Breakdown	56
Personal Effects	57
Theft	58
Towing and Labor	59
Windstorm, Earthquake, Hail, Explosion, Tornado, Cyclone, and Water Damage	60
All Other	99

*Valid for claims occurring prior to 1/1/95 only.

Quarterly Detailed Experience Report
 Attachments

ATTACHMENT E-7

ACCIDENT STATE CODES

State	CODE	State	CODE
Alabama	01	Ohio	34
Alaska	54	Oklahoma	35
Arizona	02	Oregon	36
Arkansas	03	Pennsylvania	37
California	04	Puerto Rico	58
Colorado	05	Rhode Island	38
Connecticut	06	South Carolina	39
Delaware	07	South Dakota	40
District of Columbia	08	Tennessee	41
Florida	09	Texas	42
Georgia	10	Utah	43
Hawaii	52	Vermont	44
Idaho	11	Virginia	45
Illinois	12	Washington	46
Indiana	13	West Virginia	47
Iowa	14	Wisconsin	48
Kansas	15	Wyoming	49
Kentucky	16		
Louisiana	17	PROVINCE	
Maine	18	Alberta	61
Maryland	19	British Columbia	62
Massachusetts	20	Manitoba	63
Michigan	21	New Brunswick	71
Minnesota	22	Newfoundland	65
Mississippi	23	Northwest Territory	69
Missouri	24	Nova Scotia	72
Montana	25	Ontario	64
Nebraska	26	Prince Edward Island	60
Nevada	27	Quebec	66
New Hampshire	28	Saskatchewan	67
New Jersey	29	Yukon	68
New Mexico	30		
New York	31	MEXICO	98
North Carolina	32		
North Dakota	33		
Other than U.S., Puerto Rico, Canada, or Mexico -- Code 99			

Section F:

**Quarterly Report of
Cancellation, Nonrenewal, and Declination Notices**

Quarterly Report of Cancellation, Nonrenewal, and Declination Notices

Specific Instructions

1. Report Description

The insurer must summarize the reasons for cancellation, nonrenewal, or declination stated in the notices provided to policyholders, applicants, and/or applicants' agents under Insurance Code Chapter 551. The insurer must also report the "Notified Policy Count" summarizing the number of policies or applications that received a notice providing the reasons for cancellation, nonrenewal, or declination. For a policy with more than one insured, the notified policy count is one, to reflect the number of policies, not the number of insureds.

This reporting is required for notices related to cancellations, nonrenewals, and declinations effective on or after April 1, 2026, except for declination of an application that was made before April 1, 2026, and cancellation of a policy that was delivered, issued for delivery, or renewed before April 1, 2026.

Note that the transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew. Insurance Code §551.004.

County Mutuals that act as a front for managing general agents (MGA) must submit data for each MGA separately. See Section 6 of the General Reporting Instructions for more information.

2. Due Dates For Submission

The Quarterly Report of Cancellation, Nonrenewal, and Declination Notices is due 45 days after the end of the experience quarter. Each quarterly report must include all actions with a notification date within the experience quarter. For example, all notifications occurring in January, February, and March must be reported 45 days after the end of the experience quarter, or May 15.

For the first report for second quarter 2026 data, include notifications made before April 1, 2026, for policies nonrenewing on or after April 1, 2026. The first report is due August 15, 2026.

3. Experience To Be Reported

For the purpose of the Quarterly Report of Cancellation, Nonrenewal, and Declination Notices, all experience -- and only the experience -- reported on lines 19.1, 19.2 and 21.1

Quarterly Report of Cancellation, Nonrenewal, and Declination Notices

of the Annual Statement Texas Page 14 must be reported. Although some insurers report some experience written on a personal auto policy as commercial auto on lines 19.3, 19.4 and 21.2 of the Annual Statement Texas Page 14, that experience must not be included in the Quarterly Report of Cancellation, Nonrenewal, and Declination Notices.

The reporting of the number of notices for cancellations, nonrenewals, and declinations applies to policies covering all vehicle types reported under the private passenger auto Annual Statement lines as described and includes Group 1 and Group 2 vehicles. The Group 1 and Group 2 vehicles are described in earlier sections of this statistical plan, such as Specific Instructions No. 3 of Section B (Annual Aggregate Experience Report).

4. ZIP Code

Report the ZIP Code location of vehicles. The location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured. If there are multiple vehicles on the policy in different ZIP codes, use the ZIP code for the first covered auto.

5. Third-Party Indicator

When the insurer's decision to cancel, nonrenew, or decline relied in whole or in part on information sourced from a third party, note that with a Y in the third-party indicator field. Insurance Code §551.002 requires that the insurer's written statement to applicants and policyholders must state the source of the information on which the insurer relied.

6. Declinations

Report reason codes for declinations of completed and submitted applications.

7. Cancellations

Report reason codes for a cancellation only when the entire policy is canceled. If a policy that was canceled is reinstated, the cancellation must be reported. For example, if a policy is canceled for nonpayment of premium and is reinstated, the cancellation must be reported. If the policy receives another notice of cancellation after it was reinstated, the reason code for the second cancellation must be reported as well, in the applicable experience quarter.

For flat cancellations, report the effective date of the policy for the action effective date in the record layout.

Do not report rescissions and policies voided under Insurance Code Chapter 705.

8. Reason Codes

See the record layout for the full list of reasons and their codes. The following provides additional information for some of the reasons.

Exposure to loss – liability. Use if the reason for action is due to 1) the insured or applicant’s personal liability risk under the liability sections of the policy or 2) the characteristics or activities of the insureds or applicants. Do not use to reflect first-party claims history.

Insurer withdrawing from the market. Use if the insurer has filed a withdrawal plan with TDI that has been approved. Do not use any other reason codes in conjunction with this one.

Location of risk. Use only if none of the “exposure to loss” reasons apply. Use also if company doesn’t write in certain areas.

Credit or insurance score. Use if the policy was nonrenewed or declined because of the insured’s or applicant’s credit score. Insurance Code §559.052(a)(2) prohibits insurers from denying, cancelling, or nonrenewing a personal automobile insurance policy solely on the basis of credit information without considering other applicable underwriting factors independent of credit information. If credit or insurance score is a reason, there must also be another reason.

Uncooperative insured. Use if the policy was nonrenewed under Insurance Code §551.1053.

Insured’s request—Use for a cancellation reason if:

- a) The insured’s representative cancels the policy because of the insured’s death.
- b) The insured no longer has an insurable interest in the property (for example, they sold it).
- c) For any other reason as long as the cancellation was at the insured’s request.

Other, insurer’s action—Use if:

- a) The insured submitted a fraudulent claim. Insurance Code §551.104(b)(2).
- b) TDI determined that the continuation of a policy would violate the law. Insurance Code §551.104(b)(3).
- c) The insured failed to pay their membership dues required by the insurer as a condition of coverage.
- d) For any reason not otherwise listed.

Quarterly Report of
Cancellation, Nonrenewal, and Declination Notices
Record Layout and Field Definitions

Field Definitions

- Plan Code (Numeric Field: Positions 1-2)
Report 21 to indicate the Quarterly Report of Cancellation, Nonrenewal, and Declination Notices.
- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five-digit NAIC Company Number.
- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other companies must report blank. See Section 6 of the General Reporting Instructions for more detailed information.
- Notification Date (Numeric Field: Positions 11-14)
This is the date on which the notice providing the reasons for cancellation, nonrenewal, or declination was sent to the policyholder or applicant. Report in YYMM format.
- Action Type (Numeric Field: Positions 15-16)
Report the code for the type of action being reported:

Code	Description
80	Cancellation
81	Nonrenewal
82	Declination

- Third-Party Indicator (Alphanumeric Field: Position 17)
Indicate whether at least one of the reasons used third-party information:

Code	Description
Y	Reasons include use of third-party information
N	Reasons do not include use of third-party information

- 60-day Indicator (Alphanumeric Field: Position 18)
Indicate if cancellation notice was sent during the first 60 days of the initial policy term:

Code	Description
Y	Cancellation notice sent within the first 60 days
N	Cancellation notice sent after the first 60 days
0	For action types other than cancellations, enter "0" (zero)

- Five-Digit ZIP Code (Numeric Field: Positions 19-23)
Report the ZIP Code location of vehicles. The location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured. If there are multiple vehicles on the policy in different ZIP codes, use the ZIP code for the first covered auto.

Quarterly Report of
Cancellation, Nonrenewal, and Declination Notices
Record Layout and Field Definitions

- Action Effective Date (Numeric Field: Positions 24-29)
This is the date the Action Type is effective. For declinations, report the Notification Date. For flat cancellations, report the effective date of the policy. For all other actions, report the date coverage ends. Use YYYYMM format in all cases.
- Notified Policy Count (Numeric Field: Positions 30-35)
The number of policies or applications for which the given combination of notification date, action type, third-party indicator, 60-day indicator, ZIP code, action effective date, and reason code list applies. Pad on the left with zeroes as needed to reach the full field width of 6.
- Reason Code List (Alphanumeric Field: Positions 36-45)
Identify all letter codes that apply from the appropriate list below, and then concatenate* them in alphabetical order. Pad on the right with zeroes as needed to reach the full field width of 10.

Code Reason

A	Failure to pay premiums when due
B	Insured's or other resident's driver's license or motor vehicle registration was suspended or revoked
C	Claims history/driving record
D	Exposure to loss – liability
E	Exposure to loss – insurer's concentration of risk
F	Insurer withdrawing from the market
G	Location of risk
H	Credit or insurance score
J	Uncooperative insured (Insurance Code §551.1053)
K	Make and model of vehicle
L	Agent no longer appointed with insurer
Y	At insured's request
Z	Other, insurer's action

* Concatenate means to connect all of the reason codes together into one conjoined list. For example, if reasons G, C, and H apply, the distinct record will be "CGH".

- Reserved (Field: Positions 46-70)
Report blank.

Quarterly Report of
Cancellation, Nonrenewal, and Declination Notices
Record Layout and Field Definitions

Record Layout

Position	Field Length	Field Type *	Description
1 – 2	2	N	Plan Code
3 – 7	5	N	Company NAIC Code
8 – 10	3	N	MGA Indicator
11 – 14	4	N	Notification Date
15 – 16	2	N	Action Type
17	1	A	Third-Party Indicator
18	1	A	60-day Indicator
19 – 23	5	N	Five-Digit ZIP Code
24 – 29	6	N	Action Effective Date
30 – 35	6	N	Notified Policy Count
36 – 45	10	A	Reason Code List
46 – 70	25		RESERVED

* Numeric (N) or Alphanumeric (A)

Section G:

**Quarterly Report of Number of Actual
Cancellations, Nonrenewals, and Declinations**

Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations

Specific Instructions

1. Report Description

For policies that are canceled or nonrenewed, and for applications that are declined, the insurer must summarize the number of actual cancellations, nonrenewals, and declinations by ZIP Code. Note that these counts should reconcile with those provided to the NAIC for the Market Conduct Annual Statement (MCAS) for cancellations and nonrenewals.

This reporting is required for cancellations, nonrenewals, and declinations effective on or after April 1, 2026.

Note that the transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew. Insurance Code §551.004.

County Mutuels that act as a front for managing general agents (MGA) must submit data for each MGA separately. See Section 6 of the General Reporting Instructions for more information.

2. Due Dates For Submission

The Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations is due 45 days after the end of the experience quarter. Each quarterly report must include all actions with an action effective date within the experience quarter. For example, actions effective in January, February, and March must be reported 45 days after the end of the experience quarter, or May 15.

The first report for second quarter 2026 data is due August 15, 2026.

3. Experience To Be Reported

For the purpose of the Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations, all experience -- and only the experience --

Quarterly Report of Number of Actual
Cancellations, Nonrenewals, and Declinations

reported on lines 19.1, 19.2 and 21.1 of the Annual Statement Texas Page 14 must be reported. Although some insurers report some experience written on a personal auto policy as commercial auto on lines 19.3, 19.4 and 21.2 of the Annual Statement Texas Page 14, that experience must not be included in the Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations.

The reporting of the number of actual cancellations, nonrenewals, and declinations applies to policies covering all vehicle types reported under the private passenger auto Annual Statement lines as described, and includes Group 1 and Group 2 vehicles. The Group 1 and Group 2 vehicles are described in earlier sections of this statistical plan, such as Specific Instructions No. 3 of Section B (Annual Aggregate Experience Report).

4. ZIP Code

Report the ZIP Code location of vehicles. The location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured. If there are multiple vehicles on the policy in different ZIP codes, use the ZIP code for the first covered auto.

5. Declinations

Report declinations of completed and submitted applications.

6. Cancellations

Report reason codes for a cancellation only when the entire policy is canceled. If a policy that was canceled is reinstated, the cancellation must be reported. For example, if a policy is canceled for nonpayment of premium and is reinstated, the cancellation must be reported. If the policy receives another notice of cancellation after it was reinstated and subsequently canceled, the second cancellation must be reported as well, in the applicable experience quarter.

For flat cancellations, report the effective date of the policy for the action effective date in the record layout.

Do not report rescissions and policies voided under Insurance Code Chapter 705.

Quarterly Report of Number of Actual
Cancellations, Nonrenewals, and Declinations
Record Layout and Field Definitions

Field Definitions

- Plan Code (Numeric Field: Positions 1-2)
Report 22 to indicate the Quarterly Report of Number of Actual Cancellations, Nonrenewals, and Declinations.
- Company NAIC Code (Numeric Field: Positions 3-7)
Report the five-digit NAIC Company Number.
- MGA Indicator (Numeric Field: Positions 8-10)
For County Mutuals fronting for one or more MGAs, report the permanent unique three-digit MGA code for the MGA being reported. Other companies must report blank. See Section 6 of the General Reporting Instructions for more detailed information.
- Action Effective Date (Numeric Field: Positions 11-14)
This is the date the Action Type is effective. For declinations, report the Notification Date (from Section F). For flat cancellations, report the effective date of the policy. For all other actions, report the date coverage ends. Use YYMM format in all cases.
- Action Type (Numeric Field: Position 15-16)
Report the code for the type of action being reported:

Code	Description
80	Cancellation
81	Nonrenewal
82	Declination

- Five-Digit ZIP Code (Numeric Field: Positions 17-21)
Report the ZIP Code location of vehicles. The location of vehicles is defined as the garage address of the vehicle and not the mailing address of the insured. If there are multiple vehicles on the policy in different ZIP codes, use the ZIP code for the first covered auto.
- Actualized Policy Count (Numeric Field: Positions 22-29)
The number of policies or applications for which the given combination of action effective date, action type, and ZIP code applies. Pad on the left with zeroes as needed to reach the full field width of 8.
- Reserved (Field: Positions 30-50)
Report blank.

Quarterly Report of Number of Actual
Cancellations, Nonrenewals, and Declinations
Record Layout and Field Definitions

Record Layout

Position	Field Length	Field Type *	Description
1 – 2	2	N	Plan Code
3 – 7	5	N	Company NAIC Code
8 – 10	3	N	MGA Indicator
11 – 14	4	N	Action Effective Date
15 – 16	2	N	Action Type
17 – 21	5	N	Five-Digit ZIP Code
22 – 29	8	N	Actualized Policy Count
30 – 50	21		RESERVED

* Numeric (N) or Alphanumeric (A)