

APPENDIX J. CREDIT LIFE INSURANCE EXPERIENCE REPORT

FORM CI-CX-L

STATE OF _____ FOR CALENDAR YEAR _____

NACI COMPANY CODE: _____

COMPANY NAME: _____

CLASS OF BUSINESS: (Check One)

- A. Commercial Banks, Savings & Loan Associations & Mortgage Loan Companies
- B. Finance Companies and Small Loan Companies
- C. Production Credit Associations (Agricultural & Horticultural P.C.A.'s)
- D. Dealers (Auto & Truck Dealers, Other Dealers, Retail Stores, etc.)
- E. Other than A thru E (Specify: _____)

PLAN OF BENEFITS: (Check One Only)

	Single Lives	Joint Lives
Single Premium Receiving Term	<input type="checkbox"/>	<input type="checkbox"/>
Single Premium Level	<input type="checkbox"/>	<input type="checkbox"/>
OUTSTANDING BALANCE:		
Revolving Account (open end)	<input type="checkbox"/>	<input type="checkbox"/>
Other Than Revolving Account	<input type="checkbox"/>	<input type="checkbox"/>

Form CI-DRF: Part B - Case Experience

	19__	19__	19__	19__
1. Actual Earned Premiums*	_____	_____	_____	_____
a. Net Written Premiums*	_____	_____	_____	_____
b. Premium Reserve, Beginning of Period	_____	_____	_____	_____
c. Premium Reserve, End of Period	_____	_____	_____	_____
d. Actual Earned Premiums (a+b-c)	_____	_____	_____	_____
e. Earned Premiums at presumptive rate (Form CI-EP-L)	_____	_____	_____	_____

2. Incurred Claims

a. Claims Paid	_____	_____	_____	_____
b. Unreported Claims, Beginning of Period	_____	_____	_____	_____
c. Unreported Claims, End of Period	_____	_____	_____	_____
d. Claim Reserve, Beginning of Period**	_____	_____	_____	_____
e. Claim Reserve, End of Period	_____	_____	_____	_____
f. Incurred Claims, End of Period	_____	_____	_____	_____
3. Loss Ratios	_____	_____	_____	_____
a. Actual Loss Ratio (2f/1d)	_____	_____	_____	_____
b. Loss Ratio at presumptive rate (2f/1e)	_____	_____	_____	_____
4. Mean Insurance In Force*	_____	_____	_____	_____
5. Losses Per \$100 Mean Insurance In Force (100x2f) / Item 4	_____	_____	_____	_____
6/ Losses Per \$100 Initial Amount On Basis of 12 Month Policy (13) / (24) x Item 5***	_____	_____	_____	_____

*See instructions.

**Must take into account reported claims due but unpaid.

***To be completed for reducing term insurance only.

NOTE: Mean Insurance In Force shall be used in arriving at the statewide loss ratios for purposes of developing presumptive premium rates.