

Texas Department of Insurance

Financial, Financial Analysis & Examinations, Mail Code 303-1A 333 Guadalupe • P. O. Box 149099, Austin, Texas 78714-9099 512-322-5002 telephone • 512-322-5082 fax • www.tdi.state.tx.us

FOR THE YEAR ENDING DECEMBER 31,OI	OF THE
	(Insurer Name)
	NAIC Company Code

Texas Supplemental "A" for County Mutuals

(To be filed with the 2006 Property and Casualty Annual Statement -see instructions on back)

I. Ceded Reinsurance

			Reinsurance Recoverable on					1	
	1.	2.	3.	4.	5.	6.	7.	8.	9.
		Reinsurance		Known Case				NAIC	
Agency *	Agent's	premiums	Paid Losses	& IBNR - Loss	Unearned	Ceded	Reinsurer	Company	Authorize
	Balances	Ceded	& Paid LAE	& LAE Reserves	Premium	Balances &		Code	Yes/No
						other amts Payable			
TOTAL									ı

^{*} Agencies that produce business for more than one reinsurer should use a separate line to report the amount for each reinsurer.

II. Policy Fees

Direct written premium reported on the Annual Statement, Page 8, Part 1B, Line 34, Column 1, includes Policy fees of \$	_ <u>.</u>
Net written premium reported on the Annual Statement, Page 8, Part 1B, Line 34, Column 6, includes Policy Fees of \$	

NOTE: Attach additional pages as needed.

FIN138 Rev. 02\07 Page 1 of 2 Draft - Pending Approval

INSTRUCTIONS

for the

TEXAS SUPPLEMENTAL "A" FOR COUNTY MUTUALS

The purpose of the Texas Supplemental A for County Mutuals Form is to identify:

- 1. Agencies writing the Company's premium;
- 2. Reinsurers to which that premium is ceded; and
- 3. Identify Policy Fees.

Notes:

- a) If Premiums are written through an MGA, record the name of the MGA in the "Agency" Column. In this event, names of agents/agencies producing business for the MGA are not required in this Column.
- b) If the Total for Column 1 does not agree with Page 2, Assets, sum of Lines 13.1 and 13.2, attach a separate sheet reconciling any differences.
- c) If the Total of Column 2 does not agree with the Total of Schedule F Part 3, Column 6, attach a separate sheet reconciling any differences.
- d) If the Total of Column 3 does not agree with the Total of Schedule F Part 3, sum of Columns 7 and 8, attach a separate sheet reconciling any differences.
- e) If the Total of Column 4 does not agree with the Total of Schedule F Part 3, sum of Columns 9, 10, 11, and 12, attach a separate sheet reconciling any differences.
- f) If the Total of Column 5 does not agree with the Total of Schedule F Part 3, Column 13, attach a separate sheet reconciling any differences.
- g) If the Total of Column 6 does not agree with the Total of Schedule F Part 3, sum of Columns 16 and 17, attach a separate sheet reconciling any differences.

FIN138 Rev. 02\07 Page 2 of 2 Draft – Pending Approval