

Questionnaire

Company Name: _____

NAIC #: _____

For calendar year 2016, did the company have any earned premiums or incurred claims with regards to its credit life insurance or credit accident and sickness insurance business?

_____ Yes _____ No

If “yes,” please complete the entire questionnaire. If “no,” please proceed to the last page and complete the contact information only. Responses to questions 1-9 are not required.

1. Are both the *earned premiums* and *earned premiums at prima facie rates* stated?

_____Yes _____No

If yes, please confirm that proper adjustments were made in computing the *earned premiums at prima facie rates* as set forth in the “Instructions for Completing the Credit Insurance Experience Exhibit” provided by the NAIC. With regards to the specific prima facie rates utilized in the calculation of the *earned premiums at prima facie rates*, please provide the year that the rates were approved. If no adjustments were made, please explain why not.

2. Are incurred claims stated without stating earned premiums and earned premiums at prima facie rates? _____Yes _____No If “yes,” please explain.

3. Are the beginning of year (BOY) reserves equal to the prior years' stated end of year (EOY) reserves? _____Yes _____No If “no,” please provide a detailed explanation. (This applies to the premium, IBNR and claim reserves.)

4. Are the BOY reserves positive but no data was reported last year? _____Yes _____No If “yes,” please explain.

5. Has the reserve methodology changed since the prior year's CIEE was filed in Virginia? ____Yes ____No If "yes," please explain.

6. Was any business transferred by assumption reinsurance? ____Yes ____No If "yes," identify the companies involved and explain how any values in the CIEE have been impacted by the transaction.

7. Has the Company changed its name or has the Company been involved in a merger since the prior year's CIEE was filed in Virginia? ____Yes ____No If "yes," please provide complete details in order that the Bureau of Insurance can appropriately combine experience for the past three years.

8. Have all totals been verified as correct? ____Yes ____No If "no," please explain.

9. Does the CIEE contain any negative numbers? ____Yes ____No If "yes," please provide a detailed explanation.

Completed by: _____

Title: _____

Date: _____

Phone #: _____

Email Address: _____