

UTAH CREDIT LIFE INSURANCE and  
CREDIT ACCIDENT & HEALTH INSURANCE REPORT  
DUE: MAY 1<sup>ST</sup> EACH YEAR

**✓ Check-Off List**

**This form must be the first page of your filing.**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Utah Cert. of Authority # \_\_\_\_\_ Insurer NAIC# \_\_\_\_\_ Insurer NAIC Group # \_\_\_\_\_

***All insurers are required to submit a Check-Off List with Parts 1 (page 2 and 3 of the check-off list) and Part 2.***

- Check-Off List is attached.**
- Part 1 FOUR YEAR LOSS RATIO REPORT. Write in the loss ratios from Loss Ratio Report, Line 3.A.**
- CREDIT LIFE: Company's aggregate 4 year actual loss ratio is \_\_\_\_%.
- CREDIT ACCIDENT & HEALTH: Company's aggregate 4 year actual loss ratio is \_\_\_\_%.
- Part 2 NAIC CREDIT INSURANCE EXPERIENCE EXHIBIT**
- UTAH EXPERIENCE
- GRAND TOTAL (GT)

Signature of person responsible for this filing \_\_\_\_\_ Date \_\_\_\_\_  
Name/Title of person responsible for this filing \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ FAX # \_\_\_\_\_

**NOTE: IF YOUR FILING IS INCOMPLETE OR INACCURATE, IT WILL BE REJECTED AND RETURNED AND YOU WILL BE REQUIRED TO REFILE**

Failure to comply with the filing requirements may subject you to enforcement penalties pursuant to Utah Code Annotated (U.C.A.) 31A-2-308. Those penalties include monetary forfeitures and/or other sanctions.

**If you have questions regarding the filing requirements, you may contact:**

Sandra Christensen, Analyst, e-mail: [schristensen@utah.gov](mailto:schristensen@utah.gov) or telephone (801) 538-3863  
Tomasz Serbinowski, Actuary, e-mail: [tserbinowski@utah.gov](mailto:tserbinowski@utah.gov) or telephone (801) 537-9289

**Utah Credit Life Insurance and Accident & Health Insurance Report**  
**Page 1**  
**Loss Ratio Report**

COMPANY NAME: \_\_\_\_\_ Utah Cert. of Auth. \_\_\_\_\_ Insurer NAIC# \_\_\_\_\_

Credit Life Insurance. Aggregate 4-year loss ratio report following the NAIC format.

	20__	20__	20__	20__	Total
1. Earned Premiums:					
A. Gross written premiums	_____	_____	_____	_____	_____
B. Refunds on terminations	_____	_____	_____	_____	_____
C. Net written premiums (A-B)	_____	_____	_____	_____	_____
D. Premium reserves, start of period	_____	_____	_____	_____	_____
E. Premium reserves, end of period	_____	_____	_____	_____	_____
F. Actual Earned premiums (C+D-E)	_____	_____	_____	_____	_____
G. Earned premiums at prima facie rates	_____	_____	_____	_____	_____
2. Incurred Claims:					
A. Claims paid	_____	_____	_____	_____	_____
B. Unreported claim reserve, start of period	_____	_____	_____	_____	_____
C. Unreported claim reserve, end of period	_____	_____	_____	_____	_____
D. Claim reserves, start of period	_____	_____	_____	_____	_____
E. Claim reserves, end of period	_____	_____	_____	_____	_____
F. Incurred claims (A-B+C-D+E)	_____	_____	_____	_____	_____
3. Loss Percentage:					
A. <b>Actual loss percentage (2F/1F)</b>	_____	_____	_____	_____	_____
B. Loss percentage at prima facie rates (2F/1G)	_____	_____	_____	_____	_____

Credit Accident & Health Insurance. Aggregate 4-year loss ratio report following the NAIC format.

	20__	20__	20__	20__	Total
1. Earned Premiums:					
A. Gross written premiums	_____	_____	_____	_____	_____
B. Refunds on terminations	_____	_____	_____	_____	_____
C. Net written premiums (A-B)	_____	_____	_____	_____	_____
D. Premium reserves, start of period	_____	_____	_____	_____	_____
E. Premium reserves, end of period	_____	_____	_____	_____	_____
F. Actual Earned premiums (C+D-E)	_____	_____	_____	_____	_____
G. Earned premiums at prima facie rates	_____	_____	_____	_____	_____
2. Incurred Claims:					
A. Claims paid	_____	_____	_____	_____	_____
B. Unreported claim reserve, start of period	_____	_____	_____	_____	_____
C. Unreported claim reserve, end of period	_____	_____	_____	_____	_____
D. Claim reserves, start of period	_____	_____	_____	_____	_____
E. Claim reserves, end of period	_____	_____	_____	_____	_____
F. Incurred claims (A-B+C-D+E)	_____	_____	_____	_____	_____
3. Loss Percentage:					
A. <b>Actual loss percentage (2F/1F)</b>	_____	_____	_____	_____	_____
B. Loss percentage at prima facie rates (2F/1G)	_____	_____	_____	_____	_____

Utah Credit Life Insurance and Accident & Health Insurance Report

Page 2

Current credit life and disability rate schedule. All forms.

COMPANY NAME: \_\_\_\_\_ Utah Cert. of Auth. # \_\_\_\_\_ Insurer NAIC# \_\_\_\_\_

Contract form # \_\_\_\_\_ Certificate form # \_\_\_\_\_ Marketing status: \_\_\_ Active \* \_\_\_ Not active  
\*Explain \_\_\_\_\_

Credit Life Coverage (Indicate coverage and rates)

**% of Prima Facie Rate (check marks are not acceptable)**

Method of premium charge (check one) \_\_\_\_\_% Single Premium \_\_\_\_\_ MOB  
Covered lives (choose one) \_\_\_\_\_ Single life \_\_\_\_\_ Joint lives (Factor \_\_\_\_\_%)  
Coverage type (choose one) \_\_\_\_\_ Decreasing \_\_\_\_\_ Level  
  
Premium Rate (choose one) \_\_\_\_\_ per \$100 of initial net indebtedness  
\_\_\_\_\_ per \$100 of initial gross indebtedness  
\_\_\_\_\_ per \$1000 of monthly outstanding net balance  
\_\_\_\_\_ per \$1000 of monthly outstanding gross balance  
  
Benefit (choose one) \_\_\_\_\_ outstanding net balance  
\_\_\_\_\_ outstanding gross balance  
\_\_\_\_\_ other (describe) \_\_\_\_\_  
  
Closed-End? (check one) \_\_\_\_\_ YES Term \_\_\_\_\_ months  
\_\_\_\_\_ NO Term \_\_\_\_\_ months  
  
Full Term? (check one) \_\_\_\_\_ YES Term \_\_\_\_\_ months  
\_\_\_\_\_ NO (Truncated) Term \_\_\_\_\_ months  
  
Limitations (list all) \_\_\_\_\_

Credit Accident & Health Coverage (Indicate coverage and rates)

**% of Prima Facie Rate (check marks are not acceptable)**

Method of premium charge (check one) \_\_\_\_\_% Single Premium \_\_\_\_\_% MOB  
Covered lives (choose one) \_\_\_\_\_ Single life \_\_\_\_\_ Joint lives (Factor \_\_\_\_\_%)  
  
Premium Rate (choose one) \_\_\_\_\_ per \$100 of initial net indebtedness  
\_\_\_\_\_ per \$100 of initial gross indebtedness  
\_\_\_\_\_ per \$1000 of monthly outstanding net balance  
\_\_\_\_\_ per \$1000 of monthly outstanding gross balance  
  
Benefit (choose one) \_\_\_\_\_ outstanding net balance  
\_\_\_\_\_ outstanding gross balance  
\_\_\_\_\_ % of initial net indebtedness  
\_\_\_\_\_ % of initial gross indebtedness  
\_\_\_\_\_ % of outstanding net balance on the day of disability  
\_\_\_\_\_ % of outstanding gross balance on the day of disability  
\_\_\_\_\_ other (describe) \_\_\_\_\_  
  
Retroactive coverage? (check one) \_\_\_\_\_ YES Number of days \_\_\_\_\_  
\_\_\_\_\_ NO Number of days \_\_\_\_\_  
  
Closed-End? (check one) \_\_\_\_\_ YES Term \_\_\_\_\_ months  
\_\_\_\_\_ NO Term \_\_\_\_\_ months  
  
Limitations (list all) \_\_\_\_\_ Maximum benefit amount Explain \_\_\_\_\_  
\_\_\_\_\_ monthly payment Explain \_\_\_\_\_  
\_\_\_\_\_ number of payments Explain \_\_\_\_\_  
\_\_\_\_\_ Critical period Explain \_\_\_\_\_  
\_\_\_\_\_ other (describe): \_\_\_\_\_

I CERTIFY that the above items have been reviewed, responses thereto are correct, provisions and rates are in compliance with applicable code and rules. I FURTHER CERTIFY that this filing complies with all applicable Utah laws and rules.

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Original Signature \_\_\_\_\_ Date \_\_\_\_\_