

Instructions for Credit Life and Health Insurance Experience Reports

1. Each carrier licensed to sell life and/or health insurance in this state shall submit reports of its Maryland credit life and credit health insurance experience on the following basis:

a. Case Experience

(i) "Case" means an account, or, at the option of the carrier, a combination of some or all of the insurer's accounts written under an identical plan of benefits where the gross annual premiums may reasonably be expected to exceed \$50,000 per year on a prima facie basis.

“New case” means an account where the gross premiums before refunds and at prima facie rates exceed or may reasonably be expected to exceed \$50,000 in the most recent policy year, but did not exceed \$50,000 in the prior policy year.

"Account" means the coverage for a single plan of benefits for either credit life insurance or credit health insurance under one premium payment method offered to a single class of business by one creditor in Maryland.

(ii) Statistical reports for credit life insurance cases are to be filed on Forms CL-22 and CL-23. Statistical reports for credit disability cases are to be filed on Forms CH-25 and CH-26. **NO NON-CASE BUSINESS SHOULD BE REPORTED ON THESE FORMS.**

(iii) Case reports should include the experience of a minimum of two calendar years. Please show each year separately, with a total column or total page.

(iv) Statistical reports for cases that met or exceeded the minimum case threshold of \$50,000 for each of the two most recent calendar years must be filed by May 1 of the subsequent year.

(v) Statistical reports for new cases (met or exceeded the minimum case threshold of \$50,000 for the most recent calendar year but not the previous calendar year must be filed by June 30 of the subsequent year. The report must include the experience of the two latest calendar years, even though the first year had gross premiums of less than \$50,000. These cases should be submitted again by April 30 of the next year for the two most recent calendar years.

PLEASE NOTE: The experience of a new case must be included also in the non-case report.

(vi) Reports for established cases with rate deviations in effect are due every other year by April 30 unless the specified experience period expires later.

Reports for established cases without deviations in effect are due by April 30 of each year, (unless April 30 falls on a weekend), and should include the experience of the two most recent calendar years.

(vii) Please note that it is necessary to submit the earned premium conversion Forms CL-23 and CH-26 if there are any premiums earned at other than prima facie rates. **DO NOT SUBMIT FORM CL-23 OR CL-26 IF LINE 6A IS EQUAL TO LINE 6.**

ALL CASE EARNED PREMIUMS MUST BE CONVERTED TO PRIMA FACIE EARNED PREMIUMS USING THE PRIMA FACIE RATES THAT BECAME EFFECTIVE MARCH 1, 2001.

(viii) Case reports shall include a determination of the proper case rates under Regulation .08D of COMAR 31.13.01. If a downward deviation of the rates is necessary, the insurer shall request an effective date for implementation, which shall be on or before 45 days after the date of filing of the report. If the data substantiates an upward deviation, the carrier may request a date for implementation, which shall be within 90 days after the filing date.

TERMINATED CASE EXPERIENCE SHOULD BE INCLUDED IN THE NON-CASE EXPERIENCE REPORT THAT IS DUE BY JUNE 30 EACH YEAR.

b. Non-Case Experience

(i) Non-case experience is to be reported on Forms CL-21 and CL-23 for credit life insurance and Forms CH-24 and CH-26 for credit health insurance. **NO "CASE" EXPERIENCE IS TO BE REPORTED IN THE NON-CASE EXPERIENCE**, even if this is the "in-between" year for reporting a case or cases. However, see a.(v) and (x) above. Reports for non-case business must be filed on a calendar year basis by June 30 of the following year.

(ii) Please note that it is necessary to submit the earned premium conversion Forms CL-23 and CH-26 if there are any premiums earned at other than prima facie rates.

2. Carriers are expected to reproduce the experience report pages for use according to their needs.

3. The credit life insurance experience is to be distributed among the principal categories (single premium gross (T.O.P.), single premium net payoff, single premium level term, and outstanding balance) based on the method of premium payment by individual debtors.

4. Experience related to joint life insurance must be reported separately from experience related to single life insurance.

5. With respect to credit life insurance policies which contain disability benefits, the life insurance experience must be reported separately from the experience under the disability provisions of such policies, with appropriate allocation of premiums to each experience exhibit, unless there is no identifiable charge made for disability benefits.

6. The insurance in-force is to be as of the end of the year being reported.

7. Single premium rates (other than net pay life coverage) reported throughout Forms CL-21, -22, -23, and CH-24, -25, -26 must reflect actual premium rates per \$100 at which insurance was issued--not simply Maryland's maximum standard premium rates. Each page of the experience report must show the minimum rate at which some portion of the "Gross premiums received" was issued and the maximum rate at which some other portion of the "Gross premiums received" was issued.

8. Outstanding Balance and net pay premium rates reported throughout Forms CL-21, -22, -23, and CH-24, -25, -26 must reflect the actual premium rate per \$1,000 at which the insurance was issued. Each page must show the minimum rate at which some portion of the premium was issued and the maximum rate at which some other portion of the premium was issued.

9. Please note that a separate Form CH-24, -25, -26 is required for each type of credit health coverage (7, 14, 30-day retroactive; 7, 14, 30-day nonretroactive; critical period; other) and each premium mode (single or outstanding balance).

10. Forms CLH-27 and CLH-28 are to be used to balance the figures in the experience reports to the figures listed on page 21 of the Annual Statement. A separate Form is to be completed for each premium mode of group and individual business. A total of the figures shown on each of the separate Forms is to be made and compared to the figures shown on page 21 of the Annual Statement. All discrepancies in the comparisons must be explained. **IF ANY FIGURE DOES NOT CORRESPOND, A DETAILED EXPLANATION SHOULD BE ATTACHED TO PAGES CLH-27 AND CLH-28 EXPLAINING ANY AND ALL DISCREPANCIES.** Differences caused by "case" elimination should be noted as such.

11. Each form must comply with the following requirements:

(a) Each form returned must be signed by an authorized person and should contain the name of the carrier and the City and State in which the home office is located.

(b) IF THERE IS ANY EXPERIENCE TO REPORT ON A GIVEN PAGE, EACH AND EVERY LINE ON THAT PAGE MUST BE COMPLETED. IT IS REQUIRED THAT COMPENSATION INFORMATION BE PROVIDED FOR LINES 12 AND 13.

12. Please note that the calendar years were previously shown in the forms and have been replaced by blanks. Carriers are expected to fill in the appropriate year(s).

Important Information for Credit Life and Health Insurance Experience Reports

1. COMAR 31.13.01.08G now requires that if a credit health insurance plan of a creditor, such as 14-day retroactive, qualifies as a case, the case experience shall include the experience of all credit health insurance benefit plans of the creditor for the experience period.

2. The conversion of net pay-off life premiums actually earned to the equivalent prima facie earned premiums for premiums written at a single premium rate per \$100 per annum should be based on monthly outstanding balance (M.O.B.) premium rates. On Form CL-23, the current prima facie M.O.B. premium rate should be entered in Column 2. The actual premium rate entered in Column 3 should be the prima facie M.O.B. premium rate in effect prior to March 1, 2001 multiplied by the rate deviation in use, if any.

3. Please indicate at the top of credit health insurance Form CH-24 and Form CH-25 whether the experience is of single disability or joint disability coverage.

4. Form CH-24 and Form CH-25 have a box to be checked if the coverage provides a lump sum benefit. Please report lump sum benefit experience separately.

5. Form CH-24 and CH-25 have a box to be checked if the coverage is critical period. Please report critical period experience for each benefit period separately from full term experience.

6. Please mark the appropriate box for health coverage to indicate whether pre-existing conditions are covered. **NOTE: Covering pre-existing does not mean standard 6 + 6 coverage. It means that pre-existing conditions are covered from the effective date of the insurance without an exclusionary period.**

7. **Please mark the appropriate box for single premium decreasing life coverage to indicate whether it is gross (total of payments) or net payoff.**

8. Please provide the name and telephone number (800 number, if available) of a contact person in case there are any questions about the report.

9. Please note that installment sales finance coverage issued through a finance company should be marked as Sales Finance in the Class of Benefits section, rather than Cash Loans.

10. Please note that if line 6A does not equal line 6 of Forms CL-21, CL-22, CH-24 and CH-25, the appropriate earned premium conversion page (CL-23 or CH-26) must be submitted.

11. Please show dollars only (no pennies) except where rates are to be shown.

12. **Please do not file this report with the carrier's Annual Statement.**

Name of Carrier _____
 Location _____
 (City) (State)

- Single Life
 - Joint Life
 - Individual
 - Group
- (Indicate Which)

NAIC # _____ CREDIT LIFE INSURANCE STATISTICAL REPORT

Business in the State of Maryland

Experience of Calendar Year Ending December 31, _____

To be filed on or before June 30 of the following year

- | | | |
|--------------------|--|--|
| CLASS OF BENEFITS: | Credit Union <input type="checkbox"/> | Cash Loans <input type="checkbox"/> |
| | Bank <input type="checkbox"/> | Sales Finance <input type="checkbox"/> |
| PLAN OF BENEFITS: | Gross(T.O.P.) <input type="checkbox"/> | Level <input type="checkbox"/> |
| | | Net Payoff <input type="checkbox"/> |
| PREMIUM BASIS: | Outstanding Balance <input type="checkbox"/> | Single <input type="checkbox"/> |

OTHER: _____

EXPERIENCE

1. Gross premiums received _____
2. Refunds of premiums on terminated insurance _____
3. Net premiums received _____
4. Unearned premium reserve at beginning of period _____
5. Unearned premium reserve at end of period _____
6. Earned premiums (1-2 + 4-5) _____
- 6A. Prima Facie earned premiums _____
7. Claims paid _____
8. Claim reserve at beginning of period _____
9. Claim reserve at end of period _____
10. Claims incurred (7-8 + 9) _____
11. Loss ratio (10) ÷ (6) _____
- 11A. Prima Facie loss ratio (10) ÷ (6A) _____
12. Dividends and experience rating refunds _____
13. All other commissions, compensation, and remuneration to creditors or producers _____
14. Total of items (12) and (13) _____
15. Ratio (14) ÷ (3) _____
16. Amount of insurance in force December 31, _____
17. Number of individual policies and certificates in force December 31, _____
18. Minimum and maximum rates charged _____

(Signed) _____

(Title) _____
 (Date) _____

CREDIT LIFE INSURANCE
CASE METHOD

NAIC # _____

CARRIER: _____

CASE: Name _____
Address _____

Group or Individual
Acct. No. _____
Policy Form No. _____

CLASS OF BENEFITS: Credit Union Cash Loans
Bank Sales Finance

PLAN OF BENEFITS: Gross(T.O.P.) Level Net Payoff
Joint Lives or Single Life

PREMIUM BASIS: Outstanding Balance Single

OTHER: _____

Is this account an open end credit insurance revolving charge account?
Yes No

Has this account been insured with the company for the entire
experience period? Yes No

If not, when did the company acquire this account? _____

CASE EXPERIENCE
Calendar Years _____ through _____

- 1. Gross premiums received _____
- 2. Refunds of premiums on terminated insurance _____
- 3. Net premiums received _____
- 4. Unearned premium reserve at beginning of period _____
- 5. Unearned premium reserve at end of period _____
- 6. Earned premiums (1-2 + 4-5) _____
- 6A. Prima Facie earned premiums _____
- 7. Claims paid _____
- 8. Claim reserve at beginning of period _____
- 9. Claim reserve at end of period _____
- 10. Claims incurred (7-8 + 9) _____
- 11. Loss ratio (10) ÷ (6) _____
- 11A. Prima facie loss ratio (10) ÷ (6A) _____
- 12. Dividends and experience rating refunds _____
- 13. All other commissions, compensation, and remuneration to creditors or producers _____
- 14. Total of items (12) and (13) _____
- 15. Ratio (14) ÷ (3) _____
- 16. Amount of insurance in force December 31, _____
- 17. Number of individual policies and certificates in force December 31, _____
- 18. Minimum and maximum rates charged _____

CREDIT LIFE INSURANCE

CASE RATES

19. Prima Facie Loss Ratio (line 11A)
(Acceptance Range \pm 3% of a loss ratio of 55%) _____

If Prima Facie Loss Ratio is above acceptance range:

20. Upward deviation factor (Use formula in
Regulation .18 of COMAR 31.13.01) _____
[(line 11A - .55) x 1.41] + 1

Do you propose to apply for an upward deviation? Yes No

If Yes, formal application must be made in the cover letter.

21. If Prima Facie Loss Ratio is below acceptance range:

Downward deviation factor (line 11A \div .55) _____
(Maximum downward deviation is 40% of prima
facie rates)

(Signed) _____ (Title) _____
(Date) _____

Name of Carrier _____

Location _____

(City)

(State)

CREDIT LIFE INSURANCE STATISTICAL REPORT
STATE OF MARYLAND
CONVERSION TO PRIMA FACIE EARNED PREMIUM

Class of Business _____ Calendar Year _____

Premium Mode _____ Plan of Benefits _____

Credit Life Insurance

(Col.1 x Col.2)

÷ Col.3 =

	Actual Earned Premiums <u>Col.1</u>	* Prima Facie Rate <u>Col.2</u>	* Actual Premium Rate <u>Col.3</u>	Prima Facie Earned Premium <u>Col.4</u>
--	---	--	---	---

Earned premiums
at prima facie
rate

_____ XXX XXX _____

Earned premium
at other than
prima facie
rates:

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Totals _____ XXX XXX _____

TO LINE 6

TO LINE 6A

* Single premium, use 12 month rate per \$100 per annum
Outstanding balance, including net pay, use rate per \$1,000 per month

(Signed) _____ (Title) _____
(Date) _____

Name of Carrier _____
 Location _____
 (City) (State)

Single Disability
 Joint Disability
 Individual
 Group
 (Indicate Which)

NAIC # _____ CREDIT HEALTH INSURANCE STATISTICAL REPORT

Business in the State of Maryland

Experience of Calendar Year Ending December 31, _____

To be filed on or before June 30 of the following year

CLASS OF BENEFITS: Credit Union Cash Loans
 Bank Sales Finance

PLAN OF BENEFITS: Credit A&H _____ days COVERING YES
 retro non-retro PRE-EXISTING NO
 PREMIUM BASIS: Single Outstanding Balance

CRITICAL PERIOD BENEFIT PERIOD: 6 12 24 36 OTHER _____
 LUMP SUM BENEFIT WAITING PERIOD IN MONTHS 3 6 9

EXPERIENCE

1. Gross premiums received _____
2. Refunds of premiums on terminated insurance _____
3. Net premiums received _____
4. Unearned premium reserve at beginning of period _____
5. Unearned premium reserve at end of period _____
6. Earned premiums (1-2 + 4-5) _____
- 6A. Prima Facie earned premiums _____
7. Claims paid _____
8. Claim reserve at beginning of period _____
9. Claim reserve at end of period _____
10. Claims incurred (7-8 + 9) _____
11. Loss ratio (10) ÷ (6) _____
- 11A. Prima Facie loss ratio (10) ÷ (6A) _____
12. Dividends and experience rating refunds _____
13. All other commissions, compensation, and remuneration to creditors or producers _____
14. Total of items (12) and (13) _____
15. Ratio (14) ÷ (3) _____
16. Number of individual policies and certificates in force December 31, _____
17. Minimum and maximum rates charged _____

(Signed) _____ (Title) _____
 (Date) _____

CREDIT HEALTH INSURANCE
CASE METHOD

NAIC # _____

- Single Disability
- Joint Disability
- Group
- Individual

CARRIER: _____

CASE: Name _____
Address _____

Acct. No. _____
Policy Form No. _____

CLASS OF BENEFITS: Credit Union
Bank

Cash Loans
Sales Finance

PLAN OF BENEFITS: Credit A&H _____ days
retro non-retro

COVERING YES
PRE-EXISTING NO

PREMIUM BASIS: Single Outstanding Balance

CRITICAL PERIOD BENEFIT PERIOD: 6 12 24 36 OTHER _____
LUMP SUM BENEFIT WAITING PERIOD IN MONTHS 3 6 9

Is this account an open-end credit insurance revolving charge account?
Yes No

Has this account been insured with the company for the entire experience period?
Yes No

If not, when did the company acquire this account?

CASE EXPERIENCE
Calendar Years _____ through _____

1. Gross premiums received _____
2. Refunds of premiums on terminated insurance _____
3. Net premiums received _____
4. Unearned premium reserve at beginning of period _____
5. Unearned premium reserve at end of period _____
6. Earned premiums (1-2 + 4-5) _____
- 6A. Prima Facie earned premiums _____
7. Claims paid _____
8. Claim reserve at beginning of period _____
9. Claim reserve at end of period _____
10. Claims incurred (7-8 + 9) _____
11. Loss ratio (10) ÷ (6) _____
- 11A. Prima Facie loss ratio (10) ÷ (6A) _____
12. Dividends and experience rating refunds _____
13. All other commissions, compensation, and remuneration to creditors or producers _____
14. Total of items (12) and (13) _____
15. Ratio (14) ÷ (3) _____
16. Number of individual policies and certificates in force December 31, _____
17. Minimum and maximum rates charged _____

CREDIT HEALTH INSURANCE

CASE RATES

18. Prima Facie Loss Ratio (line 11A)
(Acceptance Range \pm 3% of a loss ratio of 55%) _____

If Prima Facie Loss Ratio is above acceptance range:

19. Upward deviation factor (Use method in
Regulation .18 of COMAR 31.13.01) _____
[(line 11A - .55) x 1.41] + 1

Do you propose to apply for an upward deviation? Yes No
If Yes, formal application must be made in the
cover letter.

20. If Prima Facie Loss Ratio is below acceptance range:

Downward deviation factor (line 11A \div .55) _____
(Maximum downward deviation is 40% of prima
facie rates)

(Signed) _____

(Title) _____

(Date) _____

Premiums
 Single
 Outstanding Balance
 Net Payoff
 Composite

MARYLAND CREDIT LIFE AND A&H EXPERIENCE FOR CALENDAR YEAR _____
To Be Filed On Or Before June 30 of the Following Year
Reconciliation With Page 21 Annual Statement

GROUP DIRECT

	Written Premiums	Earned Premiums	Paid Claims	Incurred Claims
<i>CREDIT LIFE</i>				
1. Decr. term (without Dis. Ben.)				
2. Decr. term (with Dis. Ben.)				
3. Level term				
4. Other (specify)				
5. Total - Credit Life				
6. Page 21 Annual Statement				
<i>CREDIT A&H</i>				
7. 7-day retro				
8. 7-day non-retro				
9. 14-day retro				
10. 14-day non-retro				
11. Other				
12. Total - Credit A&H				
13. Page 21 Annual Statement				

Premiums
 Single
 Outstanding Balance
 Net Payoff
 Composite

INDIVIDUAL DIRECT

	Written Premiums	Earned Premiums	Paid Claims	Incurred Claims
<i>CREDIT LIFE</i>				
1. Decr. term (without Dis. Ben.)				
2. Decr. term (with Dis. Ben.)				
3. Level term				
4. Other (specify)				
5. Total - Credit Life				
6. Page 21 Annual Statement				
<i>CREDIT A&H</i>				
7. 7-day retro				
8. 7-day non-retro				
9. 14-day retro				
10. 14-day non-retro				
11. Other				
12. Total - Credit A&H				
13. Page 21 Annual Statement				

- Notes: a. Enter data from the appropriate lines from each of the experience exhibits.
 b. Totals. Lines 5 and 12 shall be reconciled with those on page 21 of the Annual Statement.
 c. Data on this page and each experience exhibit should be separated by method of premium payments; i.e., outstanding balance, single, net payoff, composite.

_____ Date

_____ Name

_____ Company