

LOSS

NOTICE OF TRANSMITTAL OF LOSS DATA

UNDER THE TEXAS STATISTICAL

PLAN FOR COMMERCIAL RISKS

COMPANY NAME _____

ACCOUNTING MONTH/YEAR _____

DATE _____

| | PAID LOSSES | PAID LOSS RECORDS | LOSSES OUTSTANDING QUARTERLY | O/S LOSS RECORDS |
|------------------------------|----------------|-------------------------|------------------------------------|------------------------|
| FIRE | | | | |
| ALLIED LINES & ALL OTHER | | | | |
| GENERAL LIABILITY | | | | |
| COMMERCIAL AUTOMOBILE | | | | |
| COMMERCIAL MISCELLANEOUS | | | | |
| PERSONAL MISCELLANEOUS | | | | |
| FIDELITY AND SURETY | | | | |
| TEXAS BUSINESS OWNERS POLICY | | | | |
| TOTALS | 0.00 | 0.00 | 0.00 | 0.00 |

Please submit to: Glenda Lopez
Texas Insurance Checking Office
PO Box 15
Austin, TX 78767-0015