

ALASKA CONSUMER CREDIT INSURANCE REPORT

Company Name _____

Contact Name _____
 Address _____
 Telephone _____
 E-mail _____

**ALASKA BUSINESS ONLY
 CLOSED-END**

Type of Creditor

- Credit Union
- Banks & Finance
- Motor Vehicle Dealers
- Other

Premium Mode

- Single Premium
- MOB

Benefits

- Single
- Joint
- Disability 14-Day Retro
- Disability 14-Day Non Retro
- Disability 30-Day Retro
- Disability 30-Day Non Retro
- Life
- Unemployment 30-Day Retro
- Unemployment 30-Day Non Retro

Do you require evidence of individual insurability (including health questions on application forms)? YES NO

Calendar Year 2000

Term of Loan (months)	Actual Earned Premium	Earned Premium at Facie	Prima	Incurred Claims	Commission	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000
Composite							
0-6							
7-12							
13-24							
25-36							
37-48							
49-60							
61-72							
73-84							
85-96							
97-108							
109-120							
120+							
Total	0	0		0	0	0	0

ALASKA CONSUMER CREDIT INSURANCE REPORT

Company Name _____

Calendar Year 2001

Term of Loan (months)	Actual Earned Premium	Earned Premium at Facie	Prima	Incurred Claims	Commission	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000
Composite							
0-6							
7-12							
13-24							
25-36							
37-48							
49-60							
61-72							
73-84							
85-96							
97-108							
109-120							
120+							
Total	0	0		0	0	0	0

Calendar Year 2002

Term of Loan (months)	Actual Earned Premium	Earned Premium at Facie	Prima	Incurred Claims	Commission	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000
Composite							
0-6							
7-12							
13-24							
25-36							
37-48							
49-60							
61-72							
73-84							
85-96							
97-108							
109-120							
120+							
Total	0	0		0	0	0	0

ALASKA CONSUMER CREDIT INSURANCE REPORT

Company Name _____

**ALASKA BUSINESS ONLY
OPEN-END, MOB**

Type of Credit

- Retail Credit Union
- Banks & Finance Credit Card
- Other Credit Card
- Banks/Finance LOC
- Other _____

Benefits

- Single
- Joint
- Disability 14-Day Retro
- Disability 14-Day Non Retro
- Disability 30-Day Retro
- Disability 30-Day Non Retro
- Life
- Unemployment 30-Day Retro
- Unemployment 30-Day Non Retro

Do you require evidence of individual insurability (including health questions on application forms)? YES NO

Calendar Year 2000

Term of Loan (months)	Actual Earned Premium	Incurred Claims	Commissions	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000

Calendar Year 2001

Term of Loan (months)	Actual Earned Premium	Incurred Claims	Commissions	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000

Calendar Year 2002

Term of Loan (months)	Actual Earned Premium	Incurred Claims	Commissions	Other Compensation and Acquisition Expenses	Claim Cost per \$1,000

ALASKA CONSUMER CREDIT INSURANCE REPORT

Company Name _____

NATIONWIDE BUSINESS

Type of Creditor

- Credit Union
- Banks & Finance
- Motor Vehicle Dealers
- Other

Open-End

- Retail Credit Card
- Banks/Finance Credit Card
- Other Credit Card
- Banks/Finance Loc
- Other _____

Premium Mode

- Single Premium
- MOB

Benefit

- Single
- Joint
- Disability 14-Day Retro
- Disability 14-Day Non Retro
- Disability 30-Day Retro
- Disability 30-Day Non Retro
- Life
- Unemployment 30-Day Retro
- Unemployment 30-Day Non Retro

Do you require evidence of individual insurability (including health questions on application forms)? YES NO

Calendar Year 2000

Actual Earned Premium	Earned Premium at Prima Facie	Incurred Claims	Commissions	All Other Expenses	Claim Cost per \$1,000

Calendar Year 2001

Actual Earned Premium	Earned Premium at Prima Facie	Incurred Claims	Commissions	All Other Expenses	Claim Cost per \$1,000

Calendar Year 2002

Actual Earned Premium	Earned Premium at Prima Facie	Incurred Claims	Commissions	All Other Expenses	Claim Cost per \$1,000