



**DEPARTMENT OF BUSINESS & INDUSTRY  
DIVISION OF INSURANCE**

788 Fairview Drive, Suite 300  
Carson City, Nevada 89701-5491  
(775) 687-4270 Fax (775) 687-3937  
<http://doi.state.nv.us>

**Bulletin No. 08-003**

**March 3, 2008**

**COMPLIANCE WITH CONSUMER CREDIT INSURANCE REGULATION**

On April 1, 2007, Regulation R014-06, adopted by the Commissioner concerning consumer credit insurance became effective. Section 17 of the Regulation requires insurers to report annual experience data to the Life and Health Section of the Nevada Division of Insurance in a format prescribed by the Commissioner.

The following is a list of items that the insurers will be required to report and certify as accurate by an actuary. The attached forms will be available in EXCEL format on the Division's Web site. These forms should be completed and E-mailed to the Life and Health Section of the Division of Insurance at [ajames@doi.state.nv.us](mailto:ajames@doi.state.nv.us). Alternatively, the EXCEL spreadsheets can be saved on a CD and mailed to the Division at the following address: 788 Fairview Drive, Carson City, Nevada 89701-5491. The required information is due to the Division no later than June 30 of the calendar year following the end of the reporting period. The first reporting period will be calendar year 2007.

The requested information shall be provided separately for the following types of insurance by class of business (see A6 below):

- Credit Life Insurance
- Credit Accident and Health (Disability) Insurance
- Credit Involuntary Unemployment Insurance

**Required Data Items:**

**A. Company Contact Information**

1. Company Name
2. Company Mailing Address
3. NAIC Company Code
4. NV ID Number
5. Reporting Period
6. Class of Business
  - a. Commercial Banks, Savings and Loan Associations, Mortgage Companies
  - b. Finance Companies, Small Loan Companies

- c. Credit Unions
- d. Auto Dealers (includes auto, truck and boat dealers)
- e. Retail Stores
- f. Other (Please specify)

- 7. Contact Name and Title
- 8. Contact Mailing Address
- 9. Contact Phone Number
- 10. Contact E-mail Address
- 11. Contact Fax Number
- 12. Name of Certifying Actuary

**B. Nevada only experience data for the reporting period as provided on the NAIC Credit Insurance Experience Exhibit – 230, Parts 1, 2, and 3 separately by Class of Business (Complete Forms NDOI-943, NDOI-944 and NDOI-945)**

- a. Earned premiums
- b. Incurred claims
- c. Incurred compensation
- d. Mean insurance in force (for credit life only)
- e. Losses per \$1,000 mean insurance in force

**C. Nationwide experience data for the reporting period as provided on the NAIC Credit Insurance Experience Exhibit – 230, Parts 1, 2, and 3 separately by Class of Business (Complete Forms NDOI-940, NDOI-941 and NDOI-942)**

- a. Earned premiums
- b. Incurred claims
- c. Incurred compensation
- d. Mean insurance in force (for credit life only)
- e. Losses per \$1,000 mean insurance in force

**D. Policy Information**

- 1. Number of single premium policies and certificates of insurance for Nevada experience only
  - a. Number of policies and certificates of insurance in force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period
  - c. Average term of policies and certificates of insurance incepting in the reporting period (in months)
- 2. Number of single premium policies and certificates of insurance for nationwide experience
  - a. Number of policies and certificates of insurance in force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period

- c. Average term of policies and certificates of insurance incepting in the reporting period (in months)
3. Number of closed ended monthly outstanding balance policies and certificates of insurance for Nevada experience only
  - a. Number of policies and certificates of insurance in-force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period
4. Number of closed ended monthly outstanding balance policies and certificates of insurance for nationwide experience
  - a. Number of policies and certificates of insurance in force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period
5. Number of revolving account policies and certificates of insurance for Nevada experience only
  - a. Number of policies and certificates of insurance in force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period
6. Number of revolving account policies and certificates of insurance for Nevada experience only
  - a. Number of policies and certificates of insurance in force at start of reporting period
  - b. Number of policies and certificates of insurance in force at end of reporting period

**E. Allocated general and administrative expenses (Total and percent allocated to the specific line of business) – See Form NDOI-939 for details**

**F. Policy acquisition costs other than commissions and service fees**

**G. Loss settlement and adjustment expenses**

**H. Taxes**

**I. Regulatory license fees and fund assessments**

**J. Other relevant data**

---

ALICE A. MOLASKY-ARMAN  
Commissioner of Insurance