Credit Related Filing Form

Name of Insurer _____

1. Please circle type of credit related product being filed.
   GAP, Credit Property, Involuntary Unemployment, Non-filing, Other (Please specify
   _____.

2. Please circle the institution through which this product will be sold.
   Credit Union, Bank, Consumer Finance Company(Please specify whether "restricted" or
   "supervised") Auto Dealers, Auto Rental Agents, Other (Please specify)
   _____

3. Please specify what line of business this filing will be recorded on the NAIC annual statement.
   Examples include Allied Lines, Inland Marine, Auto Physical Damage. Please specify
   _____.

4. The filing contains which of the following. Forms, Rates, Rules, Other (Please specify)
   _____.

5. Is this a new filing for South Carolina? Yes or No If no please move to #6. If yes, then please
   complete 5A.

5A. Please list all states where product is approved and month of approval in that
    state. If filing is a rate filing, please provide rate levels for all states also. You
    may do this by attaching a memorandum with the appropriate information in the
    following format:

   State   Date Approved   Rate Level

6. If not a new filing please provide the following information

Year	Earned Premium	Paid Loss	Incurred Loss
1998	_____	_____	_____
1997	_____	_____	_____
1996	_____	_____	_____

7. If rate level is provided as so much per hundred per year or so much per monthly outstanding
   balance or so much per loan, please write in that rate level. Amount_____ (Also please
   circle one) MOB, per hundred per year, per loan, Other _____.

8. Please provide expense information as a percentage of written premium.
   Advanced Commission   _____
   Other Acquisition Expense   _____
   Taxes, Licenses and Fees   _____
   General Expense   _____
   Retro Commission (Mark NA if Not applicable)   _____
   Profits and Contingencies   _____
   Total (Please see number 9 below.)   _____

9. The expected expense ratio cannot exceed 50%. If advanced commission and reasonable
   provisions added on exceed 50%, then the product is not in compliance with South Carolina law
   and the insurer is subject to penalty.

10. Please provide a cover letter explaining what the filing contains.