APPENDIX M. CREDIT DISABILITY INSURANCE EXPERIENCE REPORT

STATE OF ____________
PRESUMPTIVE EarnED PREMIUM

FORM CI-EP-DIS

Class of Business_____________________________ Calendar Year 19____

Premium Mode___________________ Plan of Benefits___________________

<table>
<thead>
<tr>
<th>Actual Earned Premium</th>
<th>Premium Rates:</th>
<th>Presumptive Earned Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Col. 1</td>
<td>Col. 2</td>
<td>Col. 3</td>
</tr>
</tbody>
</table>

A. Earned Premium at Presumptive Rate

B. Other Premium at Other Than Presumptive Rate:

1. 
   a. Actual Rate  XXXX
   b. Ratio  XXXX
   c. Earned Premium  

2. 
   a. Actual Rate  XXXX
   b. Ratio  XXXX
   c. Earned Premium  

3. 
   a. Actual Rate  XXXX
   b. Ratio  XXXX
   c. Earned Premium  

Totals  XXXX  XXXX  XXXX

To Form  CI-EX- DIS Line 1d.

[Source: Added at 10 Ok Reg 3049, eff 10-1-93]