

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**QUARTERLY FILING STATEMENT
FOR PUBLICLY HELD CORPORATIONS - SEC FILINGS**

(Service Warranty Association)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR PERIOD ENDED

December 31 Due May 1
March 31 Due May 15
June 30 Due August 15
September 30 Due November 15

GENERAL INFORMATION AND INSTRUCTIONS

1. Please complete this form and attach the corresponding Quarterly or Annual Report as filed with the United States Securities & Exchange Commission (SEC), and submit to the Office of Insurance Regulation (OIR). This form and your company's latest SEC Quarterly or Annual Report is due by the respective dates shown on the Cover Page.
2. This form is necessary for the implementation of Section 634.416(1), Florida Statutes. In the event your company elects not to avail itself of the exemption from OIR examinations and reporting requirements, please advise. If the election to take the exemption as stated in Section 634.416(1), Florida Statutes, is not made, then you will be required to file an Annual Statement (OIR-A3-456) and Quarterly Reports (OIR-A3-457) pursuant to Section 634.415, Florida Statutes. **YOU MUST ADVISE THE OFFICE OF ANY CHANGE TO YOUR ELECTION PRIOR TO MARCH 1 EACH YEAR.**
3. This report is very important and is a tool OIR uses to gauge the financial viability of your company. The financial information submitted is compiled into a financial spreadsheet which shows data accumulated from these reports. Financial viability ratios are computed from this information.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade prior to downloading any forms, visit <http://www.adobe.com>.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on: Eastern Time
6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.) Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response.
8. To save or submit the data, buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
9. When you either save or submit the form, all data is checked for completeness and you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the data is successfully submitted, you will no longer be able to enter data because this form will become read-only. **To update this information after you have already submitted the data, you will have to make an amendment to this form which is done through REFS.**
10. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be uploaded and attached to the filing as a Miscellaneous Document through REFS.
11. If you have to mail additional information including the attestations, please include a copy of the cover page of the report so that we can properly match the mailed information to the correct report. Alternatively, you may submit a scanned PDF of the signed and notarized attestation page (see page 4) as a Miscellaneous Document through REFS.

REPORTING REQUIREMENTS

For publicly held corporations filing SEC forms, it is requested that you provide this office the following information on an Annual and Quarterly basis: **Re: Sections 634.406, 634.415 & 634.416, Florida Statutes.**

1. Provide the dollar amount of the gross written premiums in force wherever written:

_____ \$ _____

2. Provide the dollar amount of the gross written premiums in force in Florida:

_____ \$ _____

3. Provide the dollar amount of the reserves established for (1) above, 25% of the gross written premiums in force wherever written:

\$ _____

4. Provide a list of the assets funding this reserve:

5. Provide a list of the assets on deposit with the Department of Financial Services, Bureau of Collateral Management (10% of the gross written premiums in force in Florida):

6. If the company relies on a contractual liability insurance policy with an authorized insurer, please check here:

7. Provide the net worth of the company at the end of the reporting period:

\$ _____

NOTE: Questions 1 through 7 should be received Annually on May 1, and each Quarter on or before May 15, August 15, and November 15. This statement must be signed by the appropriate corporate officers, have the corporate seal affixed thereon, and be properly notarized.

SEC FILINGS

This form with all documents must be received by the Office each Quarter on or before May 15, August 15 and November 15.

We represent to the Florida Office of Insurance Regulation that the attached SEC Filing and any and all amendments thereto are true and correct as filed with the United States Securities and Exchange Commission.

Do you intend to notarize this page electronically?

President

Chief Financial Officer

(Corporate Seal)

Treasurer

Subscribed and Sworn to before me this

_____ day of _____, 20____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

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SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final