

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL REPORT
OF THE**

(Motor Vehicle Service Agreement)

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

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

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

GENERAL INFORMATION AND INSTRUCTIONS

1. This report is very important and is a tool the Office of Insurance Regulation (the Office) 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.
2. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
5. 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>.
6. 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

7. 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.
8. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
9. 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. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
10. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
11. 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.
12. 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.**
13. 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.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under that designated component in REFS. If you do not have a designated component such as Signed Jurat Page at the REFS Filing Component List screen, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: _____

Year Ending: _____

STATEMENT

Please see # 14 of the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____
 Company FEIN: _____ Florida Company Code: _____ Period Ending Date: _____
 State and Date of Incorporation/Organization: _____ (State/Prov): _____ (Date): _____
 Date Licensed by the Office of Insurance Regulation: _____ (Date): _____
 Date Commenced Business: _____ (Date): _____

Address of Home Office:

Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Address of Main Administrative Office:

Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Mailing Address:

Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Records Location (if different than Main Office):

Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____

Address of Principle Florida Office:

Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Website: _____

Type of entity (check one) Corporation – For profit Sole proprietorship
 Corporation – Not for profit Limited liability company
 Partnership Other:

Contact Name: _____
 Contact Title: _____
 Phone: _____ Ext: _____ Fax: _____
 Email Address: _____

OFFICERS / DIRECTORS / MEMBERS

Show full name (initials not acceptable)

Chief Executive Officer _____
 President _____
 Vice President _____
 Secretary _____
 Treasurer / Chief Financial Officer _____
 Chairman of the Board _____

Directors / Members

STATE OF: _____
 COUNTY OF: _____

_____, President, _____, Secretary,
 and _____, Chief Financial Officer (or corresponding person having charge of the
 financial records of the licensee, of the _____ being duly sworn

each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting
 period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims
 thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained,
 annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of
 the reporting period stated above, and of its income and deductions for the period reported.

Subscribed and Sworn to before me this

_____, President/Owner
 _____ day of _____, 20 _____

Notary Public: _____ Secretary

Commissioner Number: _____ Treasurer/CFO

Expiration Date: _____

**BALANCE SHEET
ASSETS**

	December 31	
	Current Year	Last Year
CURRENT ASSETS:		
1. Cash on Hand and on Deposit (Schedule A - Page 7)	_____	_____
2. Investments (Schedule B - Page 8)	_____	_____
3. Receivables (Schedule C - Page 9)	_____	_____
Allowance for Doubtful Accounts	(_____)	(_____)
4. Prepaid Expenses	_____	_____
5. Inventories	_____	_____
6. Other Current Assets (Schedule D - Page 10)	_____	_____
7. Total Current Assets	_____	_____
NON-CURRENT ASSETS:		
8. Investments (Schedule B - Page 8)	_____	_____
9. Receivables (Schedule C - Page 9)	_____	_____
Allowance for Doubtful Accounts	(_____)	(_____)
10. Deferred Acquisition Expenses (Attach Details)	_____	_____
11. Deferred Expenses	_____	_____
12. Intangible Assets	_____	_____
13. Other Non-Current Assets (Schedule D - Page 10)	_____	_____
14. Total Non-Current Assets	_____	_____
FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)		
15. Real Estate Owned	_____	_____
16. Automobiles	_____	_____
17. Office Equipment & Furniture	_____	_____
18. Leasehold Improvements	_____	_____
19. Other Fixed Assets (Schedule D - Page 10)	_____	_____
20. Total Fixed Assets (Net of Accumulated Depreciation)	_____	_____
21. Total Assets	_____	_____
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	(_____)	(_____)
23. TOTAL ADMITTED ASSETS	_____	_____

Company Name:

Year Ending:

**BALANCE SHEET
LIABILITIES AND STOCKHOLDERS' EQUITY**

	December 31	
	Current Year	Last Year
LIABILITIES:		
1. Accounts Payable	_____	_____
2. Commissions Payable	_____	_____
3. Taxes Payable	_____	_____
4. Current Portion of Notes Payable (Schedule F - Page 12)	_____	_____
5. Accrued Interest Payable	_____	_____
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
7. Other Current Liabilities (Schedule G - Page 14)	_____	_____
8. Total Current Liabilities	_____	_____
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
10. Long Term Portion of Notes Payable (Schedule F - Page 12)	_____	_____
11. Other Long Term Liabilities (Schedule G - Page 13)	_____	_____
12. Total Long Term Liabilities	_____	_____
13. Total Liabilities	_____	_____
STOCKHOLDERS' EQUITY:		
14. Common Stock	_____	_____
15. Preferred Stock	_____	_____
16. Additional Paid-in Capital	_____	_____
17. Retained Earnings (Line 17 - Page 6)	_____	_____
18. Less Treasury Stock	(_____)	(_____)
19. Other (Attach Detail)	_____	_____
20. Total Stockholders' Equity	_____	_____
21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	_____	_____
22. Total Stockholders' Equity (Line 20 above)	_____	_____
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	(_____)	(_____)
24. Statutory Net Worth	_____	_____

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

	December 31	
	Current Year	Last Year
INCOME:		
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves	_____	_____
b. Net Income Earned on Other Investments	_____	_____
3. Net Realized Capital Gains (or Losses)	_____	_____
4. Other Income (Attach Schedule)	_____	_____
5. Total Income	_____	_____
EXPENSES:		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
7. Commissions to Agents	_____	_____
8. General Expenses (Attach Schedule)	_____	_____
9. Total Expenses	_____	_____
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)	_____	_____
11. Extraordinary Item(s) (Attach Schedule)	_____	_____
12. Federal and State Income Taxes	_____	_____
13. Net Gain (or Loss) from Operations	_____	_____
14. Retained Earnings, December 31, Previous Year	_____	_____
15. Other (Attach Details)	_____	_____
16. Less Dividends to Stockholders	(_____)	(_____)
17. RETAINED EARNINGS (Enter on Line 17, Page 5)	_____	_____

Company Name:

Year Ending:

SCHEDULE B INVESTMENTS

Place a check in the column marked with an asterisk (*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

Description	Maturity Date or Number of Shares	*	#	Market Value	Original Cost
Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Current (Line 2, Page 4):				
Non-Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Non-Current (Line 8, Page 4):				
	TOTAL INVESTMENTS:				

Company Name:

Year Ending:

**SCHEDULE C
RECEIVABLES**

Place a check in the column marked with an asterisk (*) on all receivables which are past due over 90 days. Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate, Director, Officer, Shareholder, or Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
Current:		<input type="checkbox"/> Check if Not Applicable	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Current (Line 3, Page 4):	
Non-Current:		<input type="checkbox"/> Check if Not Applicable	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Non-Current (Line 9, Page 4):	
		TOTAL RECEIVABLES:	

Company Name:

Year Ending:

**SCHEDULE D
OTHER ASSETS
(Net of Accumulated Depreciation)**

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
Other Current Assets:		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Current Assets (Line 6, Page 4) :			
Non-Current Assets:		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Non-Current Assets (Line 13, Page 4):			
Other Fixed Assets:		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Fixed Assets (Line 19, Page 4):			
TOTAL OTHER ASSETS:			

**SCHEDULE E
NON-ADMITTED ASSETS**

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates	_____	
b.	From Controlling Stockholder / Ownership Interest	_____	
c.	From Directors / Officers	_____	
d.	From Employees / Salesmen	_____	
e.	From Others	_____	
	Total (Line 1, entries a through e):		_____
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		_____
3.	Leasehold Improvements in excess of Statute authorization		_____
4.	Investments:		
a.	In Subsidiaries	_____	
b.	In Affiliates of Parent / Ultimate Parent	_____	
	Total (Line 4, entries a and b):		_____
5.	Prepaid Expenses in excess of Liquidation Value		_____
6.	Deferred Expenses		_____
7.	Intangible Assets:		
a.	Goodwill	_____	
b.	Franchises	_____	
c.	Customer Lists	_____	
d.	Patents or Trademarks	_____	
e.	Agreements not to Compete	_____	
f.	Others (Identify) _____	_____	
	Total (Line 7, entries a through f):		_____
8.	Any Other asset pledged as collateral or otherwise restricted		_____
9.	Other Assets not allowed by Statute (Identify)		
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	Total (Line 9, all entries):		_____
10.	TOTAL NON-ADMITTED ASSETS (Line 22, Page 4 and Line 23, Page 5)		_____

Company Name:

Year Ending:

**SCHEDULE F
NOTES PAYABLE**

Place a check in the column marked with an asterisk (*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description		Balance
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Current Portion of Notes Payable (Line 4, Page 5):		
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Long-Term Portion of Notes Payable (Line 10, Page 5):		
TOTAL NOTES PAYABLE:		

Company Name:

Year Ending:

**SCHEDULE H
FUNDED UNEARNED PREMIUM RESERVE
Chapter 634, Florida Statutes**

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
Motor Vehicle Service Agreement Company	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

**EXHIBIT I
Recap of Premiums Written for 12 Months Ending
NATIONWIDE (Including FLORIDA)**

	(A) 1-Year or Less Contracts	(B) 2-Year Contracts	(C) 3-Year Contracts	(D) 4-Year Contracts	(E) Others (5 Year or Longer)	(F) Totals
1. Gross Written Premium Current Year	_____	_____	_____	_____	_____	_____
2. Less Cancellations and Refunds	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)
3. Adjusted Premiums	_____	_____	_____	_____	_____	_____

**EXHIBIT II
Recap of In-Force Premiums
NATIONWIDE (Including FLORIDA)**

	(A) Number of Warranties	(B) Premium Received and Outstanding	(C) Unearned Premium Reserve (UPR)	(D) Amount of Premium Covered by CLP **
1. In-Force end of prior year	_____	_____	_____	_____
2. Audit adjustments to prior year	_____	_____	_____	_____
3. Issued during the year	_____	_____	_____	_____
4. Cancelled during the year	(_____)	(_____)	(_____)	(_____)
5. Expired during the year	(_____)	(_____)	(_____)	(_____)
6. Earned during the year	_____	_____	(_____)	_____
7. In-Force end of current year	_____	_____	_____ *	_____

* Amount must agree with Line 9a, Page 5 and the Total of Exhibit IV, Column E, Page 16.

** For companies with more than one CLP policy, attach a separate schedule listing the name and address of the insurer, the time period covered, the number of contracts and the total dollar amount covered by each policy.

PLEASE NOTE: Multiple policies of the same type of coverage are not permitted for the same time period.

**EXHIBIT III
Recap of Earned Premiums
NATIONWIDE (Including FLORIDA)**

	(A) Adjusted Premiums Written (from Exhibit I)	(B) Add Required UPR Prior Year	(C) Deduct Required UPR Current Year	(D) Premiums Earned (Enter on Line 1a, Current Year, Page 6)
1. Premiums Written	_____	_____	_____	_____

Company Name:

Year Ending:

**EXHIBIT IV
Detail of Unearned Premium Reserve
NATIONWIDE (Including FLORIDA)**

(A)	(B)	(C)	(D)	(E)	(F)
Calendar Year	Term Year	Premium Received and Outstanding on Warranties Not Covered by CLP	Gross Unearned Premium	Unearned Premium Reserve	Column E Divided By Column D
Current	1 or Less				
	2				
	3				
	4				
	5				
	Other				
	2				
	3				
	4				
	5				
	Other				
	3				
	4				
	5				
	Other				
	4				
	5				
	Other				
	5				
	Other				
	Other				
	Totals			*	%

* Amount must equal Unearned Premium Reserve column on Exhibit II, Page 15.

EXHIBIT V
Recap of FLORIDA Premium Written for the 12 Months Ending

	(A) 1-Year or Less Contracts	(B) 2-Year Contracts	(C) 3-Year Contracts	(D) 4-Year Contracts	(E) Others (5 Year or Longer)	(F) Totals
1. Gross Written Premium Current Year						
2. Less Cancellations and Refunds	()	()	()	()	()	()
3. Adjusted Premiums						

EXHIBIT VI
Recap of FLORIDA In-Force Premiums

	(A) Number of Warranties	(B) Premium Received and Outstanding	(C) Unearned Premium Reserve (UPR)	(D) Amount of Premium Covered by CLP
1. In-Force end of prior year				
2. Audit adjustments to prior year				
3. Issued during the year				
4. Cancelled during the year	()	()	()	()
5. Expired during the year	()	()	()	()
6. Earned during the year			()	
7. In-Force end of current year				

EXHIBIT VII
Recap of FLORIDA Earned Premiums

	(A) Adjusted Premiums Written (from Exhibit V)	(B) Add Required UPR Prior Year	(C) Deduct Required UPR Current Year	(D) Premiums Earned
1. Premiums Written				

EXHIBIT VII-A
Recap of 15% Reserve

1. Gross Unearned Premium, From Exhibit VIII, Column D, Page 18, x 50%	0
2. Line 1 x 15%	0
3. Less Statutory Deposit Held Under Section 643.052, F.S.	
4. Required Reserve to be Held by the Department of Financial Services, Division of Treasury, Bureau of Collateral Management Under Section 634.041, F.S.	0

Company Name:

Year Ending:

**EXHIBIT VIII
Detail of FLORIDA Unearned Premium Reserve**

(A)	(B)	(C)	(D)	(E)	(F)
Calendar Year	Term Year	Premium Received and Outstanding on Warranties Not Covered by CLP	Gross Unearned Premium	Unearned Premium Reserve	Column E Divided By Column D
Current	1 or Less				
	2				
	3				
	4				
	5				
	Other				
	2				
	3				
	4				
	5				
	Other				
	3				
	4				
	5				
	Other				
	4				
	5				
	Other				
	5				
	Other				
	Other				
	Totals			*	%

* Amount must equal Unearned Premium Reserve column on Exhibit VI, Page 17.

**EXHIBIT IX
Reported Claims Incurred**

Exclude All IBNR Claims	(A) Reported claims paid current year to date	(B) Total reported claims unpaid	(C) Reported claims unpaid at end of previous year	(D) Reported claims incurred current year (A+B-C=D)
1. Number	_____	_____	_____	_____
2. Amount	_____	_____	_____	_____

**EXHIBIT X
Claims Adequacy**

(A) Claims reserve previous year	(B) Claims paid during current year on claims incurred in previous years	(C) Excess or (deficiency) (A-B=C)
_____	_____	_____

**EXHIBIT XI
Compilation of Claims Payable / Reserve
(Page 6, Line 6a)**

	(A) Claims incurred but not reported	(B) Claims reported but not paid	(C) Claims reserve (A+B=C)
1. Number	_____	_____	_____
2. Amount	_____	_____	_____

**EXHIBIT XII
Ratios**

1	_____ Reported claims paid current year to date	_____ Premium earned year to date	_____ %
2	_____ Reported claims incurred	_____ Premium earned (Plus reserve investment income from Statement of Operations, Line 2a, Current Year, Page 6).	_____ %

**EXHIBIT XIII
Claims Exposure**

	(A) Total Claims Paid	(B) Total Claims Covered by CLP	(C) % Claims Covered by CLP
1. Nationwide	_____	_____	_____ %
2. Florida Only	_____	_____	_____ %

Company Name:

Year Ending:

**EXHIBIT XIV
Itemized Agreement Acquisition Costs**

	(A) Current	(B) Deferred	(C) Total
1. Commissions			
2. Administrative Fees			
3. Underwriting Costs			
4. Other *			
5. Totals			

* Provide detailed breakdown on additional page(s).

**EXHIBIT XV
Premiums Written and Claims Paid by State**

State	Is Company Licensed?	Gross Premiums Written	Claims Paid		Number of Claims Resisted
			Number	Amount	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
All Additional States *					
TOTALS:					

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/pdf/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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