

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**QUARTERLY REPORT  
OF THE**

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(Home 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**

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## 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

\_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_, \_\_\_\_\_ President/Owner

Notary Public: \_\_\_\_\_, \_\_\_\_\_ Secretary

Commissioner Number: \_\_\_\_\_, \_\_\_\_\_ Treasurer/CFO

Expiration Date: \_\_\_\_\_

**BALANCE SHEET  
ASSETS**

|   | As of |
|---|-------|
| <b>CURRENT ASSETS:</b>  |       |
| 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)                  |       |
| <b>7. Total Current Assets</b>                                  |       |
| <b>NON-CURRENT ASSETS:</b>                                      |       |
| 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)             |       |
| <b>14. Total Non-Current Assets</b>                             |       |
| <b>FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)</b>           |       |
| 15. Real Estate Owned   |       |
| 16. Automobiles   |       |
| 17. Office Equipment & Furniture                                |       |
| 18. Leasehold Improvements                                      |       |
| 19. Other Fixed Assets (Schedule D - Page 10)                   |       |
| <b>20. Total Fixed Assets (Net of Accumulated Depreciation)</b> |       |
| <b>21. Total Assets</b>   |       |
| 22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)     | ( )   |
| <b>23. TOTAL ADMITTED ASSETS</b>                                |       |

**BALANCE SHEET  
LIABILITIES AND STOCKHOLDERS' EQUITY**

|   | As of     |
|---|-----------|
| <b>LIABILITIES:</b>   | _____     |
| 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)           | _____     |
| <b>8. Total Current Liabilities</b>                           | _____     |
| 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)        | _____     |
| <b>12. Total Long Term Liabilities</b>                        | _____     |
| <b>13. Total Liabilities</b>                                  | _____     |
| <b>STOCKHOLDERS' EQUITY:</b>                                  | _____     |
| 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)                                     | _____     |
| <b>20. Total Stockholders' Equity</b>                         | _____     |
| <b>21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY</b>         | _____     |
| 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**

|  | Current Quarter | Year To Date |
|--|-----------------|--------------|
| <b>INCOME:</b>   |                 |              |
| 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)  | _____           | _____        |
| <b>5. Total Income</b>   | _____           | _____        |
| <b>EXPENSES:</b>   |                 |              |
| 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)  | _____           | _____        |
| <b>9. Total Expenses</b>   | _____           | _____        |
| 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   | _____           | _____        |
| <b>13. Net Gain (or Loss) from Operations</b>  | _____           | _____        |
| 14. Retained Earnings, December 31, Previous Year  |                 | _____        |
| 15. Other (Attach Details)   |                 | _____        |
| 16. Less Dividends to Stockholders   |                 | ( _____ )    |
| <b>17. RETAINED EARNINGS</b> (Enter on Line 17, Page 5)  |                 | _____        |



**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 |
|---------------------|--|--------------------------|--------------------------|--------------|---------------|
| <b>Current:</b>     | <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"/> |              |               |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> |              |               |
|                     | <b>Total Current (Line 2, Page 4):</b>           |                          |                          |              |               |
| <b>Non-Current:</b> | <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"/> |              |               |
|                     |  | <input type="checkbox"/> | <input type="checkbox"/> |              |               |
|                     | <b>Total Non-Current (Line 8, Page 4):</b>       |                          |                          |              |               |
|                     | <b>TOTAL INVESTMENTS:</b>                        |                          |                          |              |               |

**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, Share Holder, or Employee / Salesperson**.

| Description / Name of Debtor | *                        | Security / Nature of Debt                        | Balance |
|------------------------------|--------------------------|--|---------|
| <b>Current:</b>              |                          | <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"/> |  |         |
|                              |                          | <b>Total Current (Line 3, Page 4):</b>           |         |
| <b>Non-Current:</b>          |                          | <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"/> |  |         |
|                              |                          | <b>Total Non-Current (Line 9, Page 4):</b>       |         |
|                              |                          | <b>TOTAL RECEIVABLES:</b>                        |         |

**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 |
|--|-----------------|--|---------|
| <b>Other Current Assets:</b>                             |                 | <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"/>                         |         |
| <b>Total Other Current Assets (Line 6, Page 4) :</b>     |                 |  |         |
| <b>Non-Current Assets:</b>                               |                 | <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"/>                         |         |
| <b>Total Other Non-Current Assets (Line 13, Page 4):</b> |                 |  |         |
| <b>Other Fixed Assets:</b>                               |                 | <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"/>                         |         |
| <b>Total Other Fixed Assets (Line 19, Page 4):</b>       |                 |  |         |
| <b>TOTAL OTHER ASSETS:</b>                               |                 |  |         |

**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   | _____ |       |
|            | <b>Total (Line 1, entries a through e):</b>   |       | _____ |
| 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   | _____ |       |
|            | <b>Total (Line 4, entries a and b):</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) _____   | _____ |       |
|            | <b>Total (Line 7, entries a through f):</b>   |       | _____ |
| 8.         | Any Other asset pledged as collateral or otherwise restricted                       |       | _____ |
| 9.         | Other Assets not allowed by Statute (Identify)                                      |       |       |
|            | _____   | _____ |       |
|            | _____   | _____ |       |
|            | _____   | _____ |       |
|            | _____   | _____ |       |
|            | _____   | _____ |       |
|            | <b>Total (Line 9, all entries):</b>   |       | _____ |
| <b>10.</b> | <b>TOTAL NON-ADMITTED ASSETS</b><br>(Line 22, Column 1, Page 4 and Line 23, Page 5) |       | _____ |

Company Name:

Period 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 |
|--|--|---------|
| <b>Current Portion of Notes Payable:</b>                           | <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"/>                         |         |
| <b>Total Current Portion of Notes Payable (Line 4, Page 5):</b>    |  |         |
| <b>Long-Term Portion of Notes Payable:</b>                         | <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"/>                         |         |
| <b>Total Long-Term Portion of Notes Payable (Line 10, Page 5):</b> |  |         |
| <b>TOTAL NOTES PAYABLE:</b>  |  |         |



Company Name:

Period 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 |
|--|--|--------------------------|--------------|---------------|
| <b>Motor Vehicle Service Agreement Company</b>           | <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"/> |              |               |
| <b>MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:</b> |  |                          |              |               |
| <b>Home Warranty Association</b>                         | <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"/> |              |               |
| <b>HOME WARRANTY ASSOCIATION RESERVES:</b>               |  |                          |              |               |
| <b>Service Warranty Association</b>                      | <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"/> |              |               |
| <b>SERVICE WARRANTY ASSOCIATION RESERVES:</b>            |  |                          |              |               |
| <b>TOTAL RESERVES:</b>                                   |  |                          |              |               |

**EXHIBIT I  
Premiums Written and Premiums Earned**

|   | Current Quarter | Year To Date |
|---|-----------------|--------------|
| 1. Premiums Written, Current Quarter / Year to Date | _____           | _____        |
| 2. Other Fees and Charges                           | _____           | _____        |
| 3. Unearned Premiums at End of Prior Year           | _____           | _____        |
| 4. Unearned Premiums at End of Current Quarter      | ( _____ )       | ( _____ )    |
| 5. Other (Explain) _____                            | _____           | _____        |
| 6. Premium Earned (Sum of Lines 1 - 5)              | _____ *         | _____ *      |

\* Must agree with Line 1b, Column 1 & 2, Page 6

**EXHIBIT II  
Premium to Asset Ratio**

|   |       |
|---|-------|
| 1. Premiums in Force at End of Current Period(s)<br>(From Exhibit IV, Line 5, Column b, Page 17)                                | _____ |
| 2. Total Net Assets<br>(From STATUTORY NET WORTH, Line 24, Page 6)  | _____ |
| <b>3. Minimum Net Assets Required = Premiums in Force / 6<br/>(Line 2 must be greater than or equal to Line 1 divided by 6)</b> | _____ |
| 4. If Line 2 is Less than Line 3, the difference must be infused to correct the net worth deficiency:                           | _____ |

**EXHIBIT III  
Claims**

|                                     | Current Quarter |               | Year to Date  |               |
|-------------------------------------|-----------------|---------------|---------------|---------------|
|                                     | (1)<br>Number   | (2)<br>Amount | (3)<br>Number | (4)<br>Amount |
| 1. Claims Paid                      | _____           | _____         | _____         | _____         |
| 2. Claims Reported but Not Paid     | _____           | _____         | _____         | _____         |
| 3. Claims Incurred but Not Reported | _____           | _____         | _____         | _____         |
| <b>4. Total Claims Expense for</b>  | _____           | _____ *       | _____         | _____ *       |

\* Must agree with Line 6b, Columns 1 & 2, Page 6

**EXHIBIT IV**  
**Summary of Business Written in All States, Including FLORIDA**  
 (Accrual Basis)

|  | (a)<br>Number of<br>Contracts | (b)<br>Premium<br>Amount | (c)<br>Statutory<br>Reserves |
|--|-------------------------------|--------------------------|------------------------------|
| 1. In-Force at End of Prior Year               | _____                         | _____                    | _____                        |
| 2. Issued During Current Year                  | _____                         | _____                    |                              |
| 3. Cancellations & Refunds During Current Year | ( _____ )                     | ( _____ )                |                              |
| 4. Expirations During Current Year             | ( _____ )                     | ( _____ )                |                              |
| 5. In-Force at End of Current Year             | _____                         | _____                    | _____ *                      |

Columns (a) & (b): 1+2-3-4=5; Column (c) must be at least 25% of Column (b)

\* Must agree with Line 9b, Page 5

**EXHIBIT V**  
**Summary of Business Written - FLORIDA Only**  
 (Accrual Basis)

|  | (a)<br>Number of<br>Contracts | (b)<br>Premium<br>Amount | (c)<br>Statutory<br>Reserves |
|--|-------------------------------|--------------------------|------------------------------|
| 1. In-Force at End of Prior Year               | _____                         | _____                    | _____                        |
| 2. Issued During Current Year                  | _____                         | _____                    |                              |
| 3. Cancellations & Refunds During Current Year | ( _____ )                     | ( _____ )                |                              |
| 4. Expirations During Current Year             | ( _____ )                     | ( _____ )                |                              |
| 5. In-Force at End of Current Year             | _____                         | _____                    | _____                        |

**EXHIBIT VI**  
**Summary of Premiums & Assessments Received - FLORIDA Only**  
 (Cash Basis)

|  | Amount Collected |
|--|------------------|
| 1. Home Warranty Premiums Collected During Current Year    | _____            |
| 2. Home Warranty Assessments Collected During Current Year | _____            |
| 3. Home Warranty Fees Collected During Current Year        | _____            |
| 4. Cancellations & Refunds During Current Year             | _____            |
| 5. Net Collections at End of Current Period                | _____            |
| 6. Premium Tax Due (2% of Line 5)                          | <b>0</b>         |

Include as part of "Taxes Payable", Line 3, Page 5)

Company Name:

Period 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/<br>Prov. | Zip/Postal<br>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:

Period 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/<br>Prov. | Zip/Postal<br>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