

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

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**QUARTERLY REPORT  
OF THE**

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(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 PERIOD ENDED**

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**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
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. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
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 key 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. 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.
8. 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.
9. 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.
10. "Save" or "Submit" 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.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. 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 attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: \_\_\_\_\_

Period Ending: \_\_\_\_\_

**STATEMENT**

Please 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  
 \_\_\_\_\_ Secretary  
 Notary Public: \_\_\_\_\_ Treasurer/CFO  
 Commission Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Print this page

Company Name:

Period Ending:

**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>	

Company Name:

Period Ending:

**BALANCE SHEET  
LIABILITIES AND STOCKHOLDERS' EQUITY**

	<b>As of</b>
<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)		_____



Company Name:

Period 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
<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"/>		
<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"/>		
<b>Total Non-Current (Line 8, Page 4):</b>					
<b>TOTAL INVESTMENTS:</b>					

Company Name:

Period 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
<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"/>		
		<b>Total Non-Current (Line 9, Page 4):</b>	
		<b>TOTAL RECEIVABLES:</b>	

Company Name:

Period 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
<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>			

Company Name:

Period Ending:

**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> (Line 22, 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"/>		
<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"/>		
<b>SERVICE WARRANTY ASSOCIATION RESERVES:</b>				
<b>TOTAL RESERVES:</b>				

**EXHIBIT I  
Recap of Premiums Written for Current Period 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, Year to Date, Page 6)
1. Premiums Written	_____	_____	_____	_____

Company Name:

Period 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				
	<b>Totals</b>			*	%

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

**EXHIBIT V**  
**Recap of FLORIDA Premium Written for the Current Period 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:

Period 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				
	<b>Totals</b>			*	%

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

**EXHIBIT IX  
Reported Claims Incurred**

<b>Exclude All IBNR Claims</b>	(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, Year to Date, 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:

Period Ending:

**EXHIBIT XIV  
Itemized Agreement Acquisition Costs**

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

\* 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"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
All Additional States *					
<b>TOTALS:</b>					

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/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
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								<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/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
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							<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