| FLORIDA COMPANY CODE: | FEDERAL EMPLOYER IDENTIFICATION NUMBER: |
|-----------------------|---|
| | |
| ANNUAL ST | TATEMENT OF |
| (Insurance | Administrator) |

TO THE FLORIDA OFFICE OF INSURANCE REGULATION

200 East Gaines Street Tallahassee, FL 32399 - 0331

| FOR YEAR 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 and Statement of Income 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 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 and upload a PDF version of the Jurat/Attestation Statement (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.

ATTESTATION STATEMENT

| Address of Main Administrative Office: Street: City: State Prov: Fax: Fax: Mailing Address: Street: City: State Prov: ZiptPostal Code: Fax: Mailing Address: Street: City: State Prov: ZiptPostal Code: Fax: Fax: Records Location (if different than Main Office): Street: City: State Prov: ZiptPostal Code: Fax: Fax: Records Location (if different than Main Office): Street: City: State Prov: ZiptPostal Code: Address of Principle Florida Office: Street: City: State Prov: ZiptPostal Code: Fax: Fax: Website: Fax: Fax: Website: Fax: Fax: Website: Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax | Company FEIN: | Florido Començario Codo. | |
|--|--|---|---|
| Date Locations of Information Regulation Date Commenced Subsection Date Commence | | Florida Company Code: | Period Ending Date: |
| Date Lorensed by the Office of Insurance Regulation: | State and Date of Incorporation/Organization: | (State/Prov): | (Date): |
| Date Commenced Business: (Date): Address of Home Office: Steet: Planet | Date Licensed by the Office of Insurance Regulation | · | (Date). |
| Steel | Date Commenced Business: | | |
| Steel | Address of Home Office: | | . , |
| Chy. State Prov. | | | |
| Phone: Ext: Fax: Address of Main Administrative Office: Sited: | City: | State/Prov: | 7in/Postal Code: |
| Address of Main Administrative Office: Street City: State/Prov: Zip/Postal Code: Fax: Fax: State/Prov: Zip/Postal Code: Fax: State/Prov: Zip/Postal Code: Fax: State/Prov: Zip/Postal Code: Fax: State/Prov: Zip/Postal Code: Fax: Fax: Records Location (if different than Main Office): Street City: State/Prov: Zip/Postal Code: Fax: Records Location (if different than Main Office): Street City: State/Prov: Zip/Postal Code: Fax: Records Location (if different than Main Office): Street: Zip/Postal Code: Fax: Fax: Records Location (if different than Main Office): Street: Zip/Postal Code: Records Location (if different than Main Office): Ret Records Location (if different than Main Office): Ret Records of Principle Florida Office: Ret Records Records Location (if different than Main Office): Ret Records Recor | | State/F10V. | F |
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| Floore Ext | Street: | | |
| Floore Ext | City: | State/Prov: | Zip/Postal Code: |
| Mailing Address: State State Prov: Zip Postal Code: | Phone: | - . | |
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| Phone: Ext: Fax: Street: Fax: Street: Street: Street: Street: Street: Fax: Street: Street: Street: Street: Street: Street: Street: Fax: Street: Stree | City | State/Prov | Zin/Postal Code: |
| 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: Corporation - For profit Sode proprietorship Type of entity (check one) Corporation - Not for profit Indirect diability company Other: Contact Name: Contact Name: Contact Title: Phone: Ext: Fax: Fax: Fax: Contact Title: Phone: Ext: Fax: Contact Title: Phone: Ext: Fax: Contact Title: Phone: Ext: Fax: Contact Title: Phone: Address: OFFICERS / DIRECTORS / MEMBERS Show full name (initials not acceptable) Chief Executive Officer President Vice President Secretary Treasure / Chief Financial Officer Chairman of the Board Directors / Members A President, Secretary In a president of the said licensee, of the said licensee, and that on the reporting period stated above, all of the herein assets were the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein asset were the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein asset were the above-described officers of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, togethen a related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all asses il liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and functions for the period reported. Members (name of licensee) President/Owner Adversers (name of licensee) President/Owner Adversers (name of licensee) | | Evt: | |
| Street: City: Street: | - | EXI. | Fax |
| City: State/Prov: Zip/Postal Code: Address of Principle Florida Office: Street: City: State/Prov: Zip/Postal Code: Phone: Ext: Fax: Website: Corporation - Not for profit Sole proprietorship Limited liability company Other: Contact Name: Contact Name: Contact Title: Partnership Other: Contact Name: Contact Title: Fax: Fax: OFFICERS / DIRECTORS / MEMBERS Show full name (initials not acceptable) Chief Executive Officer President Sacretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members Directors / Members J. President, Sacretary G. Chief Financial Officer (or corresponding person having charge of it modal records of the licensee), of the said licensee, and that on the reporting period stated above, all of the herion assets were the absolut perty of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, togeth in related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all asses il liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and functions for the period reported. der penalties of perjury, I declare that I have read the Annual Report of the day of (name of licensee) President/Owner Secretary | Records Location (if different than Main Office): | | |
| Address of Principle Florida Office: Street: City:::::::::::::::::::::::::::::::::::: | | | |
| State/Prov: State/Prov: Zip/Postal Code: Phone: Ext: Fax: Website: State Ext: Fax: | City: | State/Prov: | Zip/Postal Code: |
| State/Prov: State/Prov: Zip/Postal Code: Phone: Ext: Fax: Website: State Ext: Fax: | Address of Principle Florida Office: | | |
| City: State/Prov: Zip/Postal Code: Phone: Ext: Fax: State/Prov: Zip/Postal Code: Phone: Ext: Fax: State/Prov: Sole proprietorship Type of entity (check one) Corporation - For profit Sole proprietorship Type of entity (check one) Partnership Other: Corporation - Not for profit Imited liability company Other: Contact Name: Contact Name: Ext: Fax: Fax: Email Address: OFFICERS / DIRECTORS / MEMBERS Show full name (initials not acceptable) Chief Executive Officer President Vice President Secretary Tressurer / Chief Financial Officer Chairman of the Board Directors / Members | Ctracti | | |
| Phone: Est: Fax: Website: | | State/Prov | Zip/Postal Code: |
| Website: Type of entity (check one) Corporation - For profit Corporation - Not for profit Limited liability company Partnership Contact Name: Contact Title: Phone: Ext: Fax: Email Address: OFFICERS / DIRECTORS / MEMBERS Show full name (initials not acceptable) Chief Executive Officer President Vice President Vice President Secretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members Jorectors / Members A good of the licensee, of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolut perity of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, together in elated exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all asset all liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and ductions for the period reported. Secretary President/Owner A good of the facts stated in it are true. In that the facts stated in it are true. In the facts stated in it are true. | · - | | F |
| Type of entity (check one) Corporation - For profit Curporation - Not for profit Curpora | | EXI: | Fax: |
| Type of entity (check one) Corporation - Not for profit | vvepsite: | | |
| 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 , President, | | Corporation - For profit | Sole proprietorship |
| Contact Name: Contact Title: Phone: 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 | Type of entity (check one) | Corporation - Not for profit | Limited liability company |
| Contact Name: Contact Title: Phone: Ext: Fax: Email Address: | | | |
| Contact Title: Phone: Email Address: OFFICERS / DIRECTORS / MEMBERS Show full name (initials not acceptable) Chief Executive Officer President Vice President Vice President Secretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members | Contact Name | r armoremp | |
| Phone: | | | |
| 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 | Contact Title: | | |
| 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 | Phone: | Ext: | Fax: |
| 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 | Email Address: | | |
| , President, | President | | |
| chancial records of the licensee), of the | President Vice President Secretary Treasurer / Chief Financial Officer | | |
| chancial records of the licensee), of the | President Vice President Secretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members | | |
| says that they are the overdescribed officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute perty of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, together related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all asset disabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and ductions for the period reported. In the facts of perjury, I declare that I have read the Annual Report of the district that the facts stated in it are true. In the facts stated in it is a fact the absolute and the stated in it is a fact the absolute and the stated in it is a fact the absolute and the stated in it is a fact the absolute and the absolute as fact the absolute as fact | President Vice President Secretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members | | |
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| | President Vice President Secretary Treasurer / Chief Financial Officer Chairman of the Board Directors / Members d | , President,, Chief Financial Officer that on the reporting period stated any liens or claims thereon, excel therein contained, annexed or refithe said licensee as of the reported the Annual Report of the | , Secretary (or corresponding person having charge of the says that they are the above, all of the herein assets were the absolute of as herein stated, and that this report, together erred to is a full and true statement of all asset ting period stated above, and of its income and (name of licensee) President/Owner |

Print this page

BALANCE SHEET

| Current Assets: | Current Year | Last Year |
|--|--------------|-----------|
| 1. Cash & Cash Equivalents | | |
| 2. Investments | | |
| 3. Accounts Receivable - Trade, Net | | |
| 4. Notes Receivable | | |
| 5. Prepaid Expenses | | |
| 6. Deferred Income Taxes | | _ |
| 7. Other (Identify) | | |
| 8. Total Current Assets (Sum of Lines 1 through 7) | | |
| 9. Long-Term Investments | | |
| Property & Equipment: | | |
| 10. Land | | |
| 11. Buildings | | |
| 12. Furniture, Fixtures, & Equipment | | |
| 13. Leasehold Improvements | | |
| 14. Other (Identify) | | |
| 15. Total Cost of Property & Equipment (Sum of Lines 10 through 14) | | |
| 16. Accumulated Depreciation | () | (|
| 17. Net Property & Equipment (Line 15 less Line 16) | | |
| Intangible Assets: | | |
| 18. Goodwill | | |
| 19. Other (Identify) | | |
| 20. Total Intangible Assets (Sum of Lines 18 and 19) | | |
| Other Assets: | | |
| 21. Notes Receivable | | _ |
| 22. Due from Affiliates & Other Related Parties (Upload Schedule via REFS) | | |
| 23. Deferred Income Taxes | | |
| 24. Other (Identify) | | |
| 25. Total Other Assets (Sum of Lines 21 through 24) | | |
| 26. Total Assets (Sum of Lines 8, 9, 17, 20 and 25) | | |
| | | |

BALANCE SHEET (Continued)

| Current Liabilities: | Current Year | Last Year |
|---|--------------|-----------|
| 27. Notes Payable | | |
| 28. Current Portion of Long Term Debt | | |
| 29. Accounts Payable | | |
| 30. Accrued Expenses | | |
| 31. Deferred Revenue | | |
| 32. Deferred Income Taxes | | |
| 33. Other (Identify) | | |
| 34. Total Current Liabilities (Sum of Lines 27 through 33) | | |
| Other Liabilities: | | |
| 35. Long-Term Debt, Net of Current Portion | | |
| 36. Due to Affiliates Or Other Related Parties (Upload Schedule via REFS) | | |
| 37. Deferred Revenue | | |
| 38. Deferred Income Taxes | | |
| 39. Other (Identify) | | |
| 40. Total Other Liabilities (Sum of Lines 35 through 39) | | |
| 41. Total Liabilities (Sum of Lines 34 and 40) | | |
| Equity: | | |
| 42. Common Stock | | |
| 43. Additional Paid In Capital | | |
| 44. Preferred Stock | | |
| 45. Retained Earnings (Deficit) | | |
| 46. Less Cost of Treasury Stock | (| _)(|
| 47. Other (Identify) | | |
| 48. Total Equity (Sum of Lines 42 through 47. Must be the same as the amounts reported on Page 7, Line 5.) | | |
| 49. Total Liabilities and Equity (Sum of Lines 41 and 48) | | |

STATEMENT OF INCOME

| Revenues: | Current Year | Last Year | | |
|---|--------------|-----------|--|--|
| 1. Commissions & Administrative Fees | | | | |
| 2. Investment Income | | | | |
| 3. Other (Identify) | | | | |
| 4. Total Revenues (Sum of Lines 1 through 3) | | | | |
| Operating Expenses: | | | | |
| 5. Salaries, Wages, Contract Labor, & Commissions | | | | |
| 6. Payroll Taxes | | | | |
| 7. Employee Benefits | | | | |
| 8. Consulting & Professional Fees | | | | |
| 9. Directors' Fees & Expenses | | | | |
| 10. Advertising, Marketing & Promotion | | | | |
| 11. Depreciation & Amortization | | | | |
| 12. Dues & Subscriptions | | | | |
| 13. Entertainment & Promotion | | | | |
| 14. Equipment | | | | |
| 15. Insurance | | | | |
| 16. Miscellaneous | | | | |
| 17. Office, Printing & Postage | | | | |
| 18. Rent | | | | |
| 19. Repairs & Maintenance | | | | |
| 20. Taxes & Licenses | | | | |
| 21. Telephone & Utilities | | | | |
| 22. Travel | | | | |
| 23. Other (Upload Schedule via REFS) | | | | |
| 24. Total Operating Expenses (Sum of Lines 5 through 23) | | | | |
| 25. Revenues Less Operating Expenses (Line 4 less Line 24) | | | | |
| 26. Other Income or Gain, (Expense) or (Loss) (Upload Schedule via REFS) | | | | |
| 27. Income before Income Taxes (Sum of Line 25 and Line 26) | | | | |
| 28. Provision for Income Taxes | | | | |
| 29. Net Income (Loss) (Line 27 less Line 28) (Enter this amount on Page 7, Line 2) | | | | |

STATEMENT OF CHANGES IN OWNERS EQUITY

| | | Current Year | Last Year |
|----|--|--------------|-----------|
| 1. | Balance of owners equity, Beginning of Year | | |
| 2. | Net income (loss) as reported on Page 6, Line 29 | | |
| 3. | Other increases (decreases) in equity (Upload detailed schedule via REFS) | | |
| 4. | Dividends & other equity distributions to owners | () | () |
| 5. | Balance of owners equity, Year End (Line 1 plus Lines 2 & 3 minus Line 4. Must be the same amount as those reported on Page 5, Line 48.) | | |

SCHEDULE OF INSURERS - SUMMARY

| | | 1 Florida Only | 2 Other States |
|------|--|-------------------|-------------------|
| 1. H | ow many insured or self-insured programs, funds, or plans in Florida and in states other than Florida are administered by the administrator? | | |
| 2. | How many carriers provide insurance coverage for the programs, funds, or plans referred to in Question 1 above? | | |
| 3. | For the year covered by this report, what was the total amount of funds handled by the administrator for the programs, funds, or plans referred to in Question 1 above? | | |
| 4. | How many residents of Florida, and residents of states other than Florida, are insured by insured or self-insured programs, funds, or plans administered by the administrator? | | |

SCHEDULE OF INSURERS - FLORIDA ONLY

For each insurer (including any self-insured plan) which, during the period covered by this report, provided or offered to provide insurance coverage to Florida residents and for which the administrator acted as an insurance administrator, list below, with respect to those insurers and insureds, the insurer's complete, unabbreviated name, the number of such insureds, the total premiums collected or collectible, and the total claims paid or payable by the administrator. Upload additional pages as needed (via REFS), and enter the totals from all such pages on Line 13. Enter the totals for all insurers on Line 14.

| | Complete, Unabbreviated Name of Insurer or Self-Insured Plan | 1 Number of Florida Insureds | 2 Total Florida Premiums | 3 Total Florida Claims |
|----|---|------------------------------------|--------------------------------|------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | Enter totals from Attached Schedules | | | |
| 14 | TOTAL for all insurers | | | |

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/siteDocuments/OfficeDirector.pdf.

| Name | Position/Title | Residence Address | City | State/ Prov. | Zip/Postal Code | Date of Birth | % | New |
|------|----------------|-------------------|------|-----------------|--------------------|---------------|---|-----|
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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 |
|------|------------------|------|-----------------|--------------------|------|---|-----|
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SAVE/SUBMIT PAGE

<u>Save</u> - 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.

<u>Submit Final</u> - 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 v | vill expire on: | Eastern Time |
|-------------------|-----------------|--------------|
| Save | | Submit Final |