

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**QUARTERLY REPORT
OF THE**

(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

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

Company Name:

Period Ending:

**BALANCE SHEET
LIABILITIES AND STOCKHOLDERS' EQUITY**

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

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

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

Company Name:

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
Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Total Current (Line 2, Page 4):					
Non-Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Total Non-Current (Line 8, Page 4):					
TOTAL INVESTMENTS:					

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, Share Holder, or Employee / Salesperson**.

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

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

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	_____	
	Total (Line 1, entries a through e):		_____
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		_____
3.	Leasehold Improvements in excess of Statute authorization		_____
4.	Investments:		
a.	In Subsidiaries	_____	
b.	In Affiliates of Parent / Ultimate Parent	_____	
	Total (Line 4, entries a and b):		_____
5.	Prepaid Expenses in excess of Liquidation Value		_____
6.	Deferred Expenses		_____
7.	Intangible Assets:		
a.	Goodwill	_____	
b.	Franchises	_____	
c.	Customer Lists	_____	
d.	Patents or Trademarks	_____	
e.	Agreements not to Compete	_____	
f.	Others (Identify) _____	_____	
	Total (Line 7, entries a through f):		_____
8.	Any Other asset pledged as collateral or otherwise restricted		_____
9.	Other Assets not allowed by Statute (Identify)		

	Total (Line 9, all entries):		_____
10.	TOTAL NON-ADMITTED ASSETS (Line 22, 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
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Current Portion of Notes Payable (Line 4, Page 5):		
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Long-Term Portion of Notes Payable (Line 10, Page 5):		
TOTAL NOTES PAYABLE:		

Company Name:

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
Motor Vehicle Service Agreement Company	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association	<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

**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) (From Exhibit IV, Line 5, Column b, Page 17)	_____
2. Total Net Assets (From STATUTORY NET WORTH, Line 24, Page 6)	_____
3. Minimum Net Assets Required = Premiums in Force / 6 (Line 2 must be greater than or equal to Line 1 divided by 6)	_____
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) Number	(2) Amount	(3) Number	(4) Amount
1. Claims Paid	_____	_____	_____	_____
2. Claims Reported but Not Paid	_____	_____	_____	_____
3. Claims Incurred but Not Reported	_____	_____	_____	_____
4. Total Claims Expense for	_____	_____ *	_____	_____ *

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

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

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory 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) Number of Contracts	(b) Premium Amount	(c) Statutory 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)	0

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/siteDocuments/OfficeDirector.pdf>.

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

Company Name:

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"/>
							<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