

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL REPORT
OF THE**

(Insurance Administrator)

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

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

FOR YEAR 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 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.

Company Name: _____

Year Ending: _____

ATTESTATION STATEMENT

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

_____, President, _____, Secretary,
 and _____, Chief Financial Officer (or corresponding person having charge of the
 financial records of the licensee), of the _____ 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.

Under penalties of perjury, I declare that I have read the Annual Report of the _____
 and that the facts stated in it are true. (name of licensee)

_____ day of _____, 20____

 President/Owner

 Secretary

 Treasurer/CFO

Print this page

Company Name:

Year Ending:

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)	_____	_____

Company Name:

Year Ending:

**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)	_____	_____

Company Name:

Year Ending:

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. How 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			

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

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

Company Name:

Year Ending:

LIST OF COMPANIES

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

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

Company Name:

Year Ending:

Office of Insurance Regulation
Specialty Product Administration

INSURANCE ADMINISTRATOR

Name of Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Florida Company Code: _____

Federal Employer Identification Number: _____

For Period Ending: _____

Annual Report Filing Fee

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$250	12	42	F	3001

STAPLE CHECK HERE

Made payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
Post Office Box 6100
Tallahassee, FL 32314-6100

Print this page

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