

REINSURANCE SUMMARY STATEMENT

(DO NOT SEND A COPY OF THE TREATY UNLESS REQUESTED)

(ORIGINAL ONLY)

COMPANY _____

TREATY NUMBER _____ DATE FILED WITH FLORIDA OFFICE _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

COMPANY (IES) CEDED TO: _____ %
_____ %

BROKER: _____ BROKER FEE: _____

TYPE OF TREATY: _____

TYPES OF RISKS CEDED: _____

RETENTION LIMITS: _____

REINSURER'S LIMITS: _____

TERRITORIAL LIMIT: _____

COMMISSION: _____

EXPENSE ALLOWANCE: _____

PROFIT COMMISSION: (IF APPLICABLE) _____

DEPOSIT PREMIUM: _____

REPORT REQUIREMENTS: _____

REMITTANCE REQUIREMENTS: _____

PORTFOLIO TREATIES: _____

ENTER DATE AND AMOUNT CEDED: _____

WITHDRAWAL DATE: _____

UNEARNED PREMIUM TRANSFER (YES OR NO) _____

LOSS PORTFOLIO TRANSFER (YES OR NO) _____

CANCELLATION PROVISIONS: _____

SPECIAL CLAUSES: _____

SPECIAL CONDITIONS: _____

NOTARY PUBLIC

(COMPANY OFFICER)

(B)