ALABAMA DEPARTMENT OF INSURANCE

201 MONROE STREET, SUITE 1700 MONTGOMERY, AL 36104 TELEPHONE: (334) 269-3550 FACSIMILE: (334) 240-3194

	CAPTIVE INSURANC	E COMPANY FIN	VANCIAL	STATEMENT- PU	RE AND IND	USTRIAL INSUR	D
	ual Statement			Company ID			
☐ Quar	terly Statement			For the period e	ended		
Company Nam	e						
	Date Incorporated			Date Commenc	ed Business		
	<u>'</u>	COI	NTACT IN	FORMATION		1	
Name							
Address							
City			State		Zip Code		
Phone Number		Fax Number			email		
			OFFIC	ERS**		,	
President				Vice President			
Secretary				Vice President			
Treasurer				Vice President			
			DIRECT	ΓORS**			
,			ATTES	FATION			
State of							
County of							
above descridescribed as except as stacontained, and affairs of Generally Accommissions	escribed officers, bein bed officers of said ca sets were the absolute ated, and that this stanced or referred to f said captive as of the cepted Accounting Prier of Insurance, and of the best of their information.	ptive insurer, a e property of a atement, toge are a full and e date present inciples (GAAF of its income	and that the said ther with true stated in ac ted in ac p), the po and dec	on the last day captive, free a the related exhibited ex	y of the pe nd clear fr bits, schec assets and Statutory or which ha from for t	riod presented om any liens of dules, and exp I liabilities and Accounting P as been grante	d, all of the herein or claims thereon lanations therein of the condition trinciples (SAP) o d by the Alabama

President

Secretary

Treasurer*

^{*} Or corresponding person having charge of the accounts of the captive.

** Show full name and indicate by # sign those who did not occupy the indicated position in the previous statement.

BALANCE SHEET

		ASSETS	
		Current Period	Prior Period
1.	Bonds		
2.	Stocks		
3.	Cash		
4.	Saving and Certificates of Deposit		
5.	Other Invested Assets:		
	a)		
	b)		
6.	Investment Income Due and Accrued		
7.	Accounts and Premiums Receivable		
8.	Investments In and Advances to Affiliates		
9.	Reinsurance Recoverable on Unpaid Losses and LAE		
10.	Reinsurance Recoverable on Paid Losses and LAE		
11.	Funds Held by Ceding Reinsurers		
12.	Prepaid Reinsurance Premiums		
13.	Deposits with Reinsurers		
14.	Letters of Credit		
15.	Other Assets:		
	a)		
	b)		
	c)		
16.	Total Assets		

LIABILITIES, CAPITAL AND SURPLUS **Current Period Prior Period** 17. Losses 18. Loss Adjustment Expenses 19. Reinsurance Payable on Paid Losses and LAE 20. Deposits Held Pursuant to Insurance Contracts 21. Commissions, Expenses and Fees 22. Taxes Payable 23. **Unearned Premium** 24. Reinsurance Balance Payable 25. Loans and Notes Payable 26. **Amounts Due to Affiliates** 27. Funds Held Under Reinsurance Contracts 28. Dividends Payable Other Liabilities: 29. a) b) c) 30. **Total Liabilities** 31. Capital: Paid in Capital (Par Value) 32. Surplus: **Contributed Surplus**

Unrealized Gains (Losses) on Investments

Total Capital and Surplus

33.

34.

Total

STATEMENT OF INCOME

		Current Period	Prior Period
<u>Unde</u>	erwriting Income		
1.	Net Premiums Written (Premium Schedule, C.6, Total)		
2.	Net (Increase) Decrease in Unearned Premiums		
3.	Net Premiums Earned (Lines 1+ 2)		
4.	Other Insurance Income		
5.	Total Income (Lines 3 + 4)		
<u>Unde</u>	erwriting Expenses		
6.	Net Losses Incurred		
7.	Net Loss Adjustment Expenses Incurred		
8.	Commissions and Brokerage Fees		
9.	Underwriting Expenses		
10.	Other Expenses		
11.	Total Underwriting Expenses (L 6 through 10)		
12.	Underwriting Profit (Loss) (L 5 - 11)		
13.	Investment Income (Net of Expenses)		
14.	Other Income		
15.	Other Expenses		
16.	Income Before Dividends and Taxes (L 12+13+14-15)		
17.	Dividends to Policyholders		
18.	Taxes		
19.	Net Income (L 16-17-18)		

Current Period Prior Period 20. Capital and Surplus End of Previous Year 21. Net Income 22. Net Unrealized Capital Gains (Losses) (Including Equity Income (Loss) on Subsidiaries Capital Changes: 23. a) Paid In b) Transfered from Surplus (Stock Dividends) c) Transfered to Surplus Surplus Changes: 24. a) Paid In b) Transfered from Surplus (Stock Dividends) c) Transfered to Surplus 25. Dividends to Stockholders 26. **Extraordinary Taxes for Prior Years** 27. Other: a) b) c) d)

28.

Capital and Surplus, End of Current Year (P3, L33)

CAPITAL AND SURPLUS ACCOUNT

		QUES	TIONNAIRE		
1.	Name of the company directly or indirectly or insurance company.	, corporation or association who wned or controlled the captive	0		
		CAPITAL S	TOCK OF CAPTIVE		
	Class	# Shares Authorized	# Shares Outstandin	g Par Value	
	Preferred				
	Common				
2.	Approved manager's in	nformation			
	Name				
	Firm Name				
	Address				
	City		State	Zip Code	
	Phone Number				
3.	Approved actuary's inf	ormation			
	Name				
	Firm Name				
	Address				
	City		State	Zip Code	
	Phone Number				
4.	Approved independan	t CPA's information			
	Name				
	Firm Name				
	Address				-
	City		State	Zip Code	
	Phone Number				
5.	Alabama registered ag	ent for service of process.			
	Name				
	Firm Name				
	Address				
	City		State	Zip Code	
	Phone Number				

	QUESTIONNAIRE- Continued		
		<u>YES</u>	<u>NO</u>
6.	Have all transactions of the captive of which notice was received at the home office on or before the close of business on the date of this statement been truthfully and accurately entered on its books?		
7.	Largest "net" amount insured in any one risk:		
	Per Occurance Aggregate		
8.	Has the "net" aggregate increased over the last year?		
	If yes, by what amount?		
9.	If the captive is an industrial insured, do all members meet the industrial insured requriements as stated in Section 27-10-20 of Act No. 2006-509?		
10.	Has any change been made during the year of this statement in the Articles of Incorporation, By-Laws or Articles of Association? If yes, provide copies if not already filed.		
11.	The assets of the company have been valued in accordance with $\underline{\sf SAP}$ written approval issued by the Commissioner authorizing its use.	If GAAF	, attach a copy of the
12.	Has the company adopted a yearly conflict of interst procedure for officers, directors, and key employees?	YES	<u>NO</u>
13.	Has the company changed its plan of operation during the year?		
14.	Have losses been discounted?		
	If yes, what interest rate was used?		
	What was the total amount of the discount?		
15.	Were any of the assets of the company pledged as collateral at any time during the year? If yes, attach exhibit setting forth a description of those assets.		
16.	Is the company writing or assuming unrelated business?		
	If yes, what is percentage of total business?		
17.	Does the independant CPA provide other services for the captive or its parent? If yes, attach an exhibit describing services provided.		
18.	Does the actuary who certifies as to the adequacy of loss reserves at year end also compute monthly or quarterly reserves of the captive?		
19.	Has the captive changed auditors or actuaries from the previous year?		
20.	Does the company issue assessible policies?		
21.	Has the captive entered into any financial insurance or financial reinsurance contracts? If yes, attach an exhibit describing arrangement including amounts received, paid, imputed interest and companies involved.		

	QUESTIONNAIRE- Continued		
21.	Were any of the stocks, bonds or other assets of the reporting entity owned as of the statement date not exclusively under the control of the reporting entity?	YES	<u>NO</u>
21.2	If yes, state the amount thereof as of the reporting date:		
	Loaned to others		
	Subject to repurchas e agreements		
	Subject to reverse repurchas e agreements		
	Subject to dollar repurchas e agreements		
	Pledged as collateral		
	Placed under option agreements		
	Letter stock or other securities restricted as to sale		
	On deposit with state or other regulatory body		
	Other		
21.3 List all the ca	Attach an exhibit providing a description for all amounts reflected in 21.2. aptives service providers and their function(s) (Supply additional pages if needed.)		
Provider			
Function(s)			
Provider			
Function(s)			
Provider			
Function(s)			
Provider			
Function(s)			

Premium Schedule

		(1 Direct B			(2) Reinsurance Assumed		(4) Reinsurance Ceded	(5) Reinsurance Acct'd for by	(6) 1+2+3+4+5 Net Premiums
	Line of Business	Related	Unrelated	Related	Unrelated	Method		Deposit Method	Written
1.	Automobile Liability								
2.	General & Product Liability								
3.	Professional Liability								
4.	Other Liability								
5.	Excess Workers' Compensation								
- 6.	Disability								
7.	All Other Lines (Describe below other lines included in 7.)								
	Totals								
Lin	es included in 7 above.								

Total

REINSURANCE

			CEDED AS OF:				
Affiliates:			Reinsurance Recoverable on Paid &				
Name of Reinsurer	State	NAIC#	Unpaid Losses & LAE	Premium Ceded	Prepaid Reinsurance	Form of Security	Amount of Security
Non-Affiliates:							Į
						,	

(pg. 2, L.9+10)

(pg. 9, C. .4-5)

(pg. 2, L.12)

Page 11 of 42

REINSURANCE

ASSUM	ED AS OF:				
Affiliates:			Reinsurance Payable on Paid &		
Name of Reinsurer	State	NAIC#	Unpaid Losses & LAE	Premium Assumed	Unearned Premiums
Non-Affiliates:					
Total					

(pg. 9, C. .2)

UNPAID LOSSES & LAE UNPAID LOSSES	(1) Case Basis Direc	ct and Case Basi	(2) s Reinsurance	(3) IBNR Direct and	(4) IBNR Reinsura	(5) ance Net Losses U	Jnpaid
Line of Business	Assumed	Reco	overable	Assumed	Recoverab		
Automobile Liability							
General & Product Liability							
Professional Liability							
OtherLiability							
Excess Workers' Compensation							
Disability							
All Other Lines							
Total							
UNPAID LAE	(6) Case Basis Direct and	(7) Case Basis Reinsur	(8) rance IBNR Dire		(9) NR Reinsurance	(10)	% of
Line of Business	Assumed	Recoverable			Recoverable	Net LAE Unpaid (6-7+8-9)	Colummn 10 to 5
Automobile Liability							
General & Product Liability							
Professional Liability							
OtherLiability							
Other Liability Excess Workers' Compensation							
Excess Workers' Compensation							

Excess Workers' Compensation

Disability

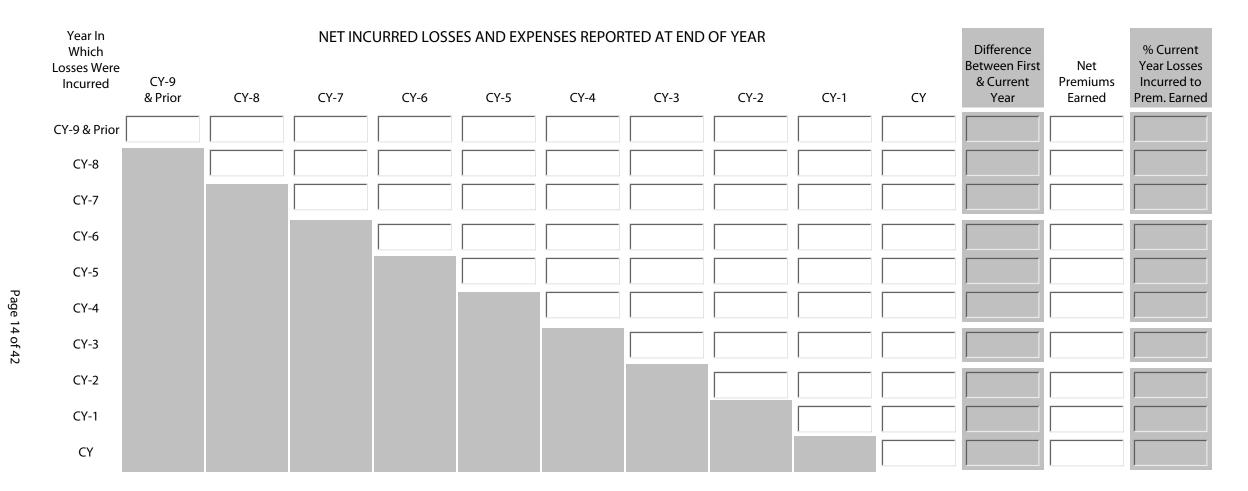
Total

All Other Lines

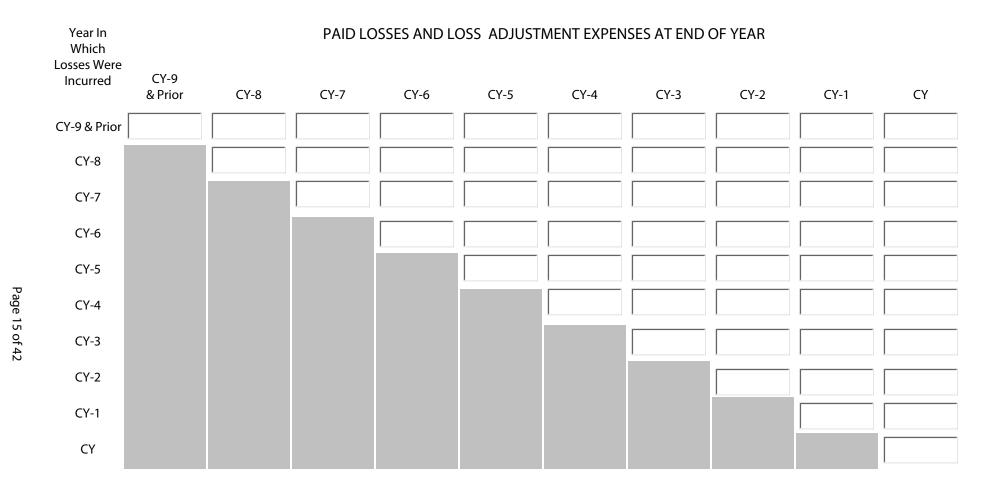
LOSSES \$ LAE PAID AND INCL	JRRED										
<u>LOSSES</u>		Losses Paid	Less Salvage		(5)	(6)	(7)	(8)	LA	E Paid Less Salva	ge
	(1) Direct Business	(2) Reinsurance	(3) Reinsurance	(4) Net Payments	Net Losses Unpaid Current Year	Net Losses Unpaid Prior Year	Net Losses Incurred (4+5-6)	Ratio of Losses Incurred to Premiums	(9) Direct Business	(10) Reinsurance	(11) Reinsurance
Line of Business		Assumed	Recovered	1+2-3		Teal	(4+3-0)	Earned		Assumed	Recovered
Automobile Liability											
General & Product Liability											
Professional Liability											
OtherLiability											
Excess Workers' Compensation	1										
Disability											
All Other Lines											
Total											
LAE	LAE - Cont'd	(13)	(14)	(15)	(16) Ratio of L						
	(12) Net Payments	Net LAE Unpaid Current Year	Prior Year	Net LAE Incurred	Incurred to						
Line of Business	9+10-11			(12+13-14)	Premiums Earned						
Automobile Liability											
General & Product Liability											
Professional Liability											
OtherLiability											

SUMMARY

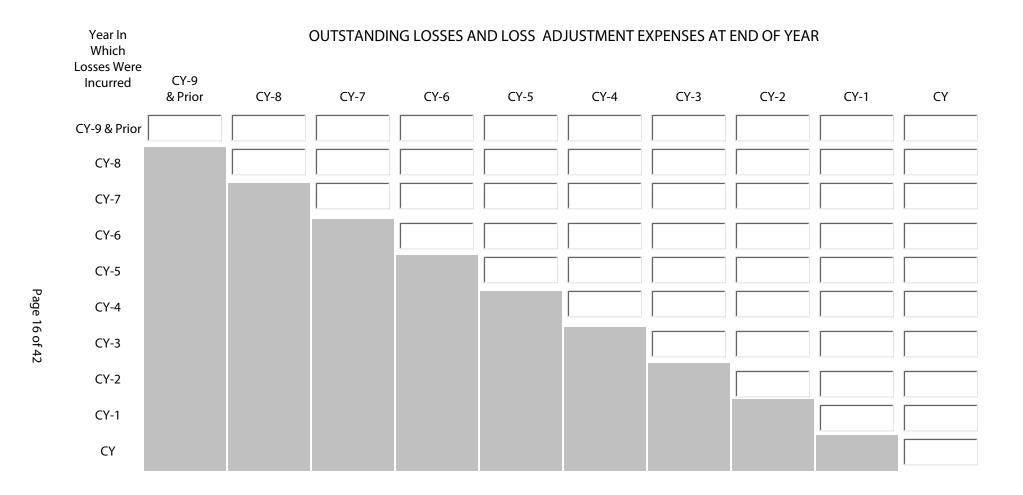
ALL LINES OF BUSINESS



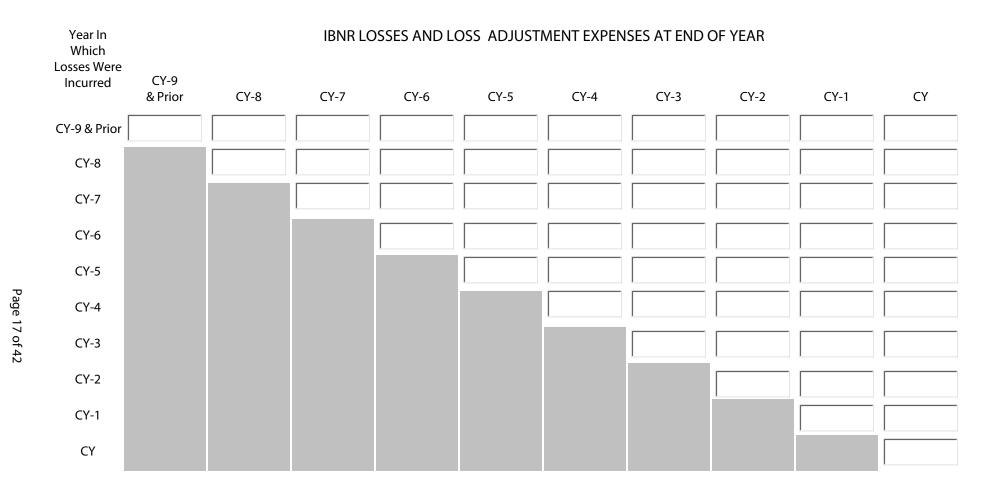
AUTOMOBILE LIABILITY NET LOSSES AND LAE



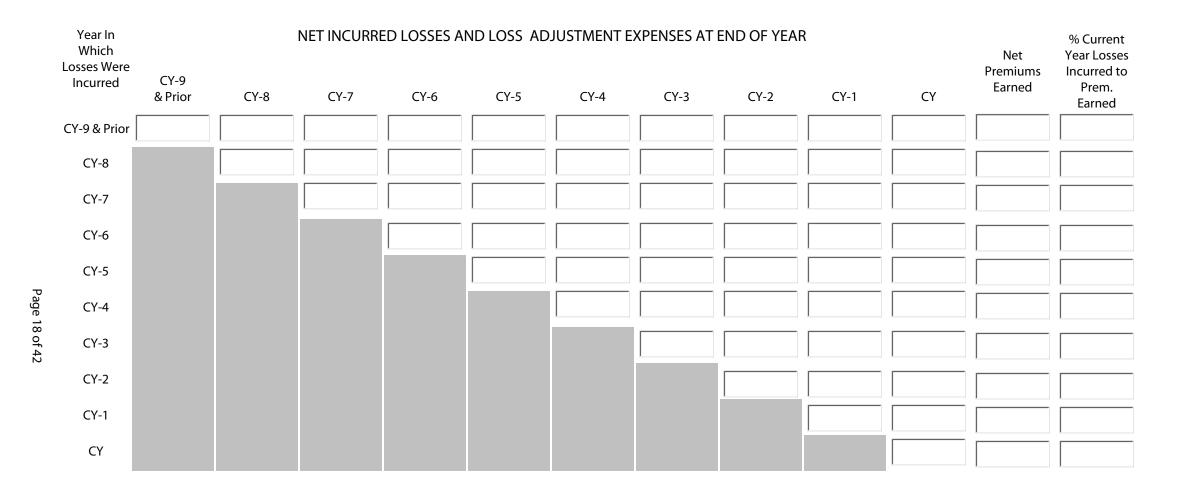
AUTOMOBILE LIABILITY NET LOSSES AND LAE- Contined



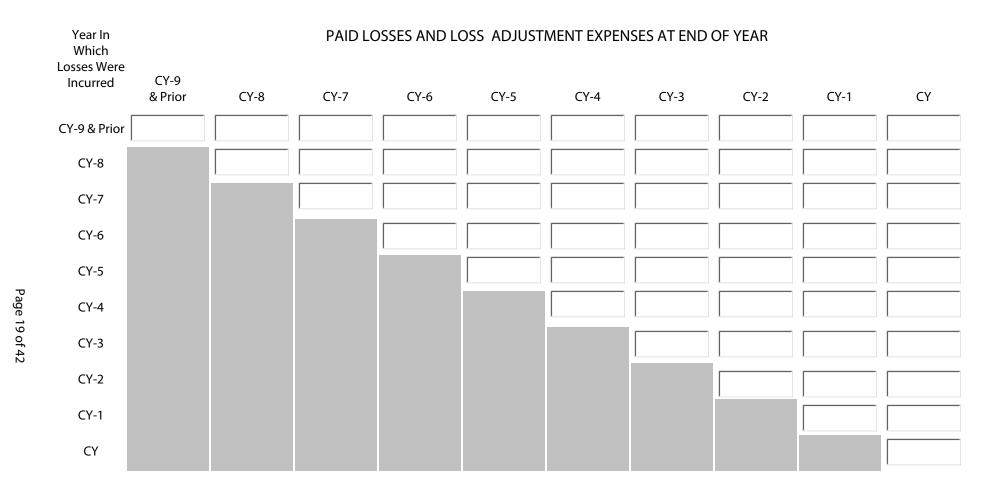
AUTOMOBILE LIABILITY NET LOSSES AND LAE- Continued



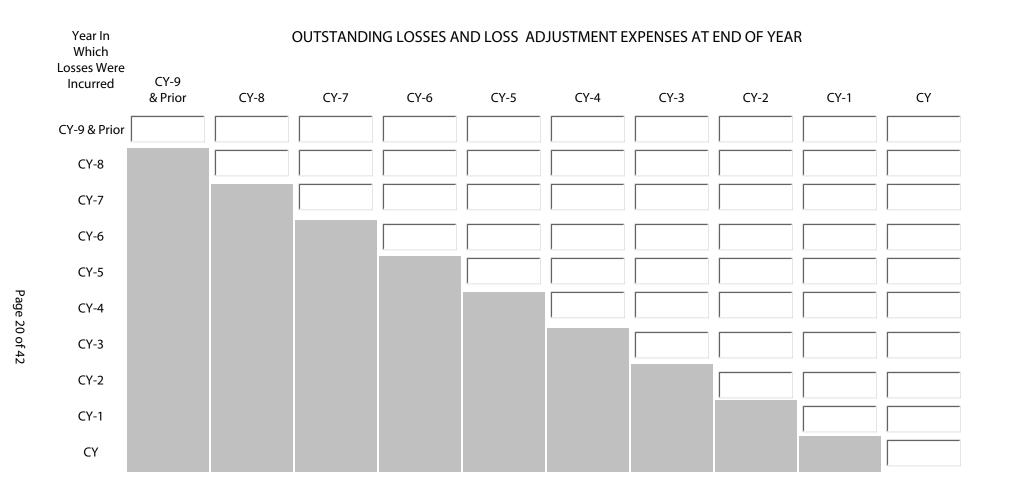
AUTOMOBILE LIABILITY NET LOSS DEVELOPMENT



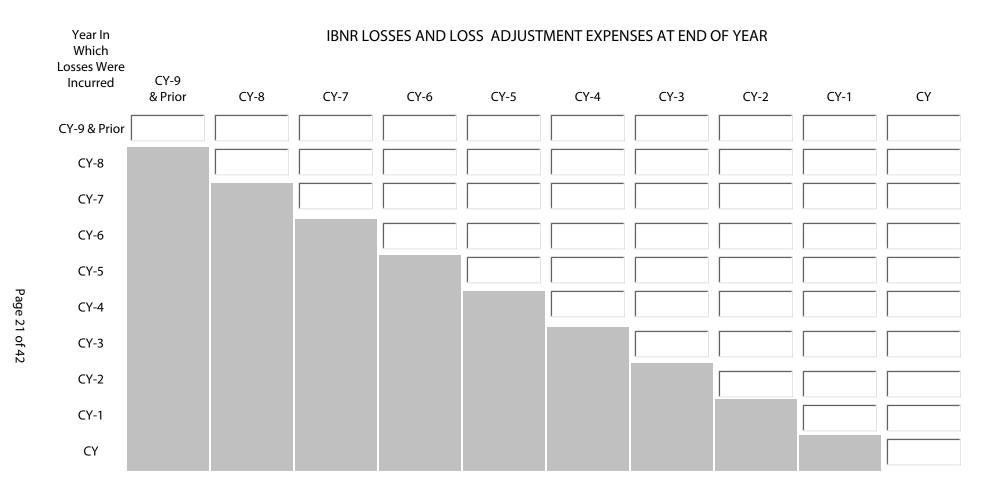
GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE



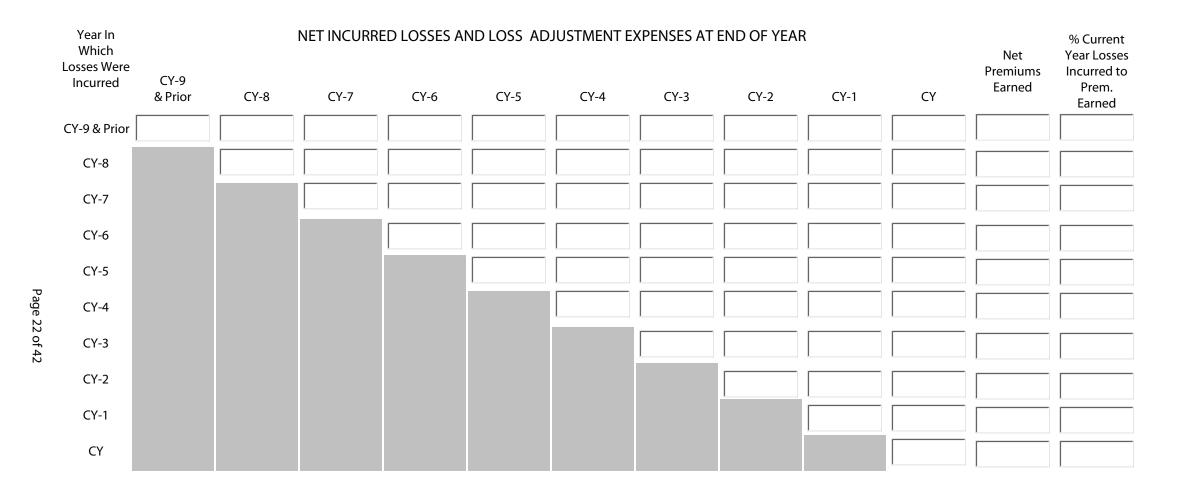
GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Contined



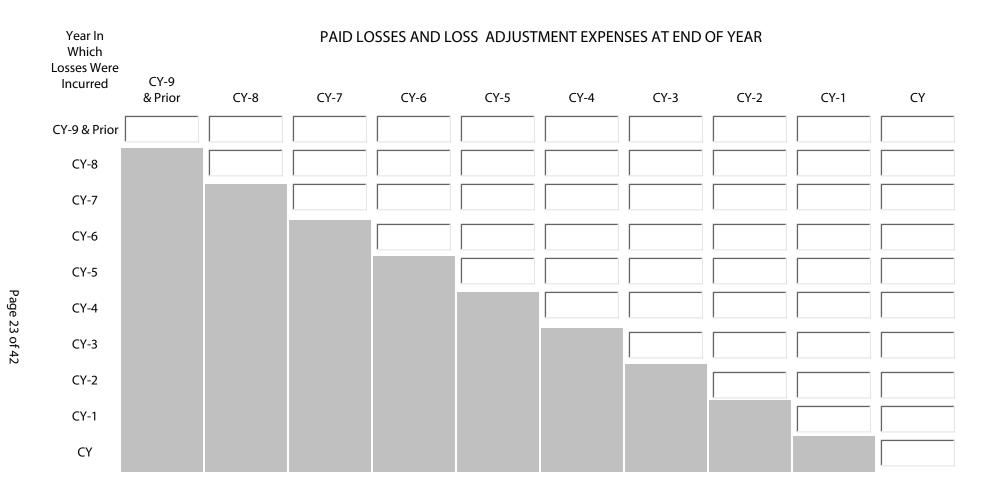
GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Continued



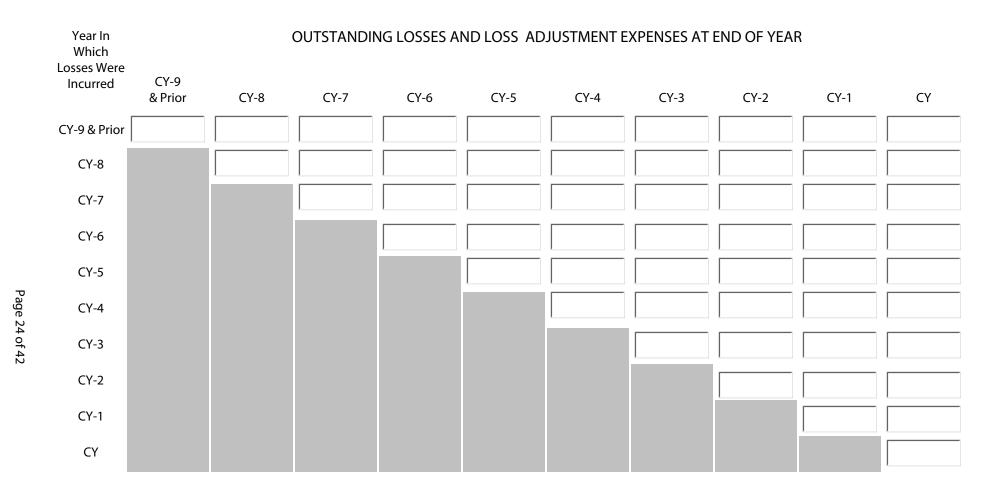
GENERAL & PRODUCT LIABILITY NET LOSS DEVELOPMENT



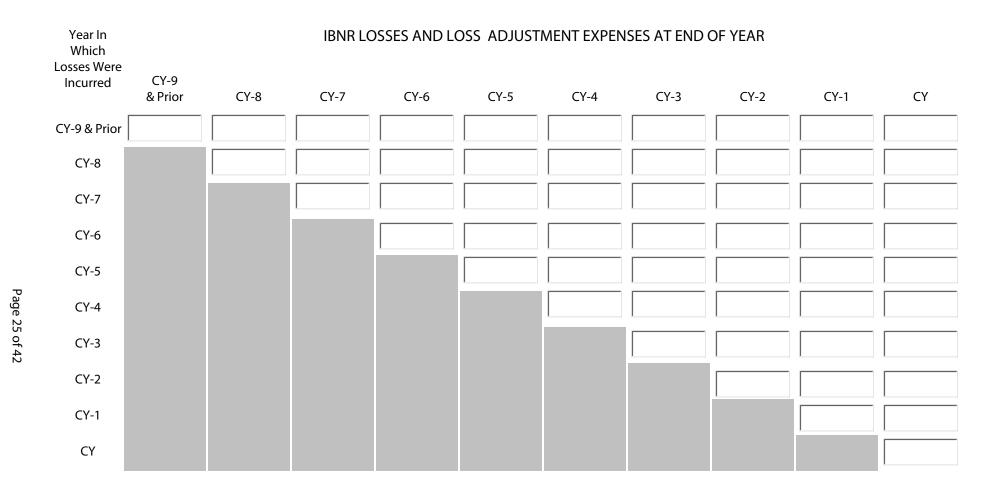
PROFESSIONAL LIABILITY NET LOSSES AND LAE



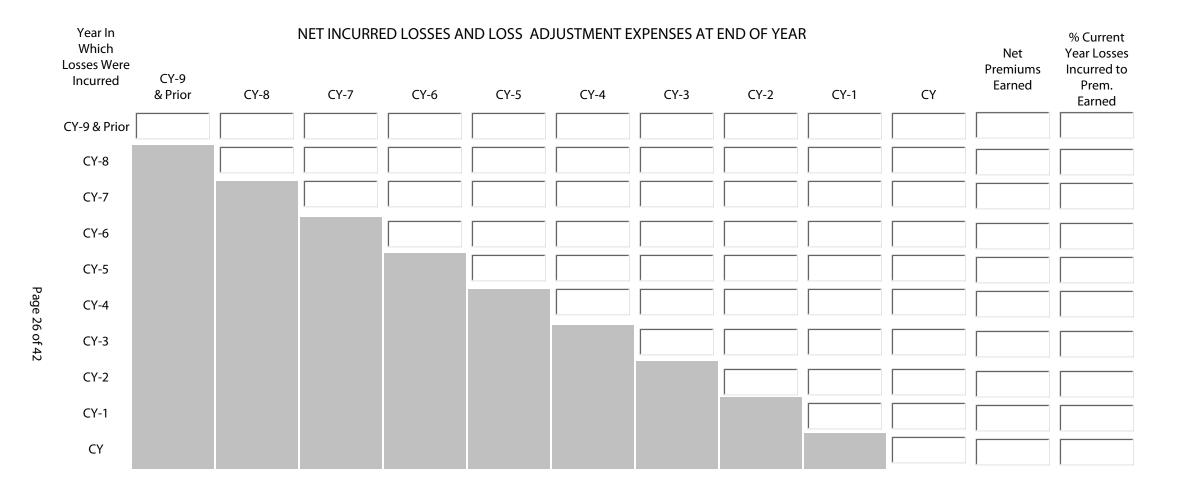
PROFESSIONAL LIABILITY NET LOSSES AND LAE- Contined



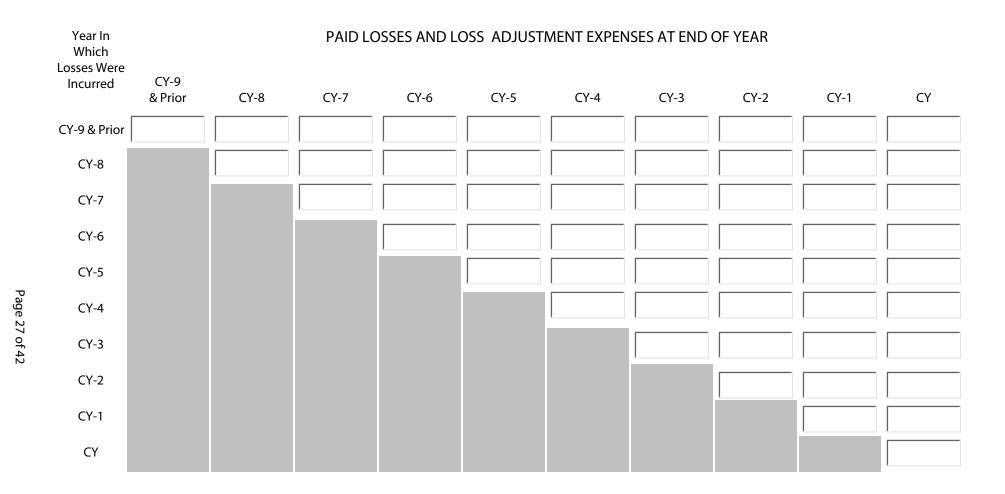
PROFESSIONAL LIABILITY NET LOSSES AND LAE- Continued



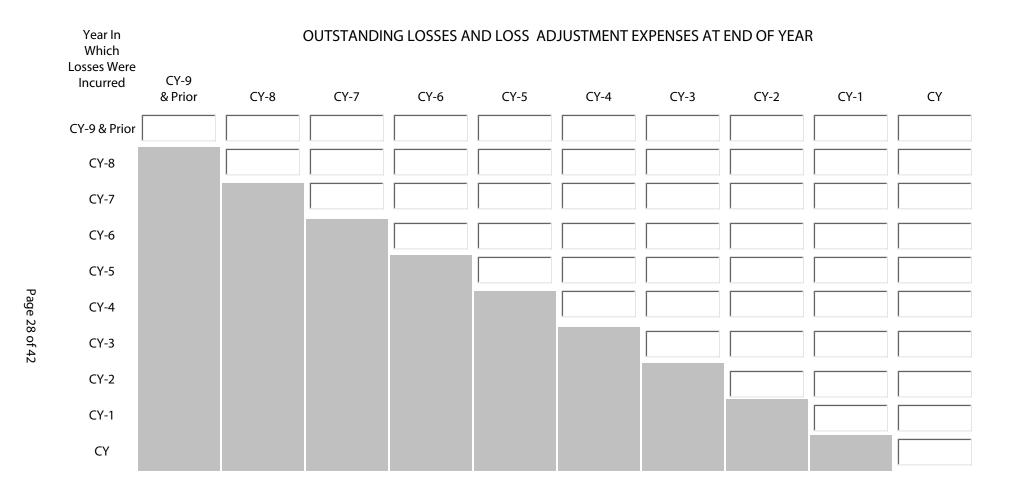
PROFESSIONAL LIABILITY NET LOSS DEVELOPMENT



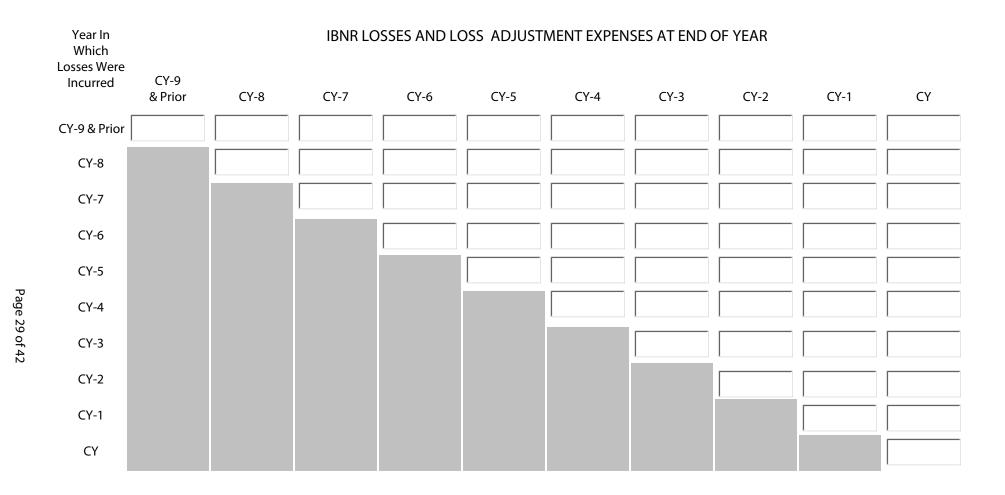
OTHER LIABILITY NET LOSSES AND LAE



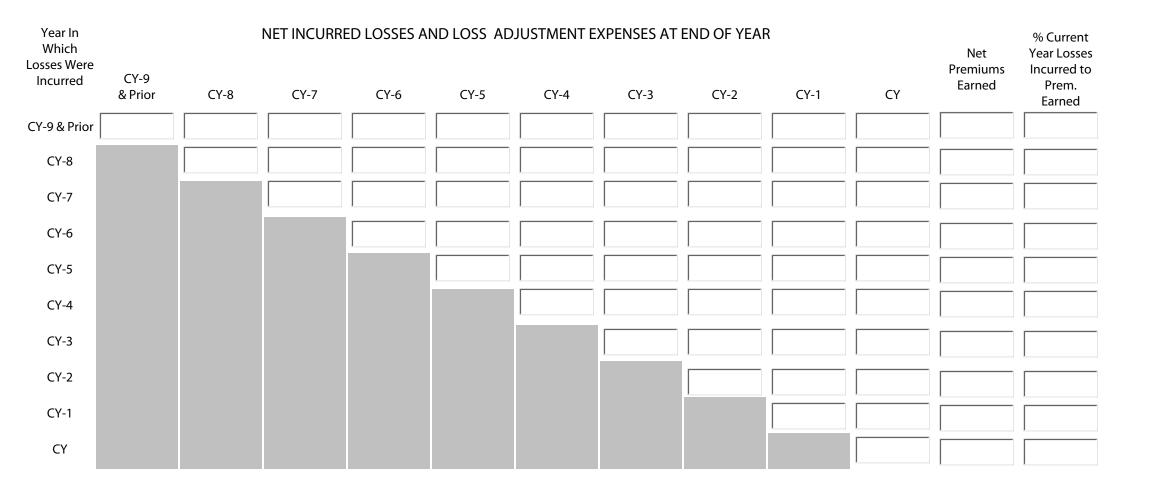
OTHER LIABILITY NET LOSSES AND LAE- Contined



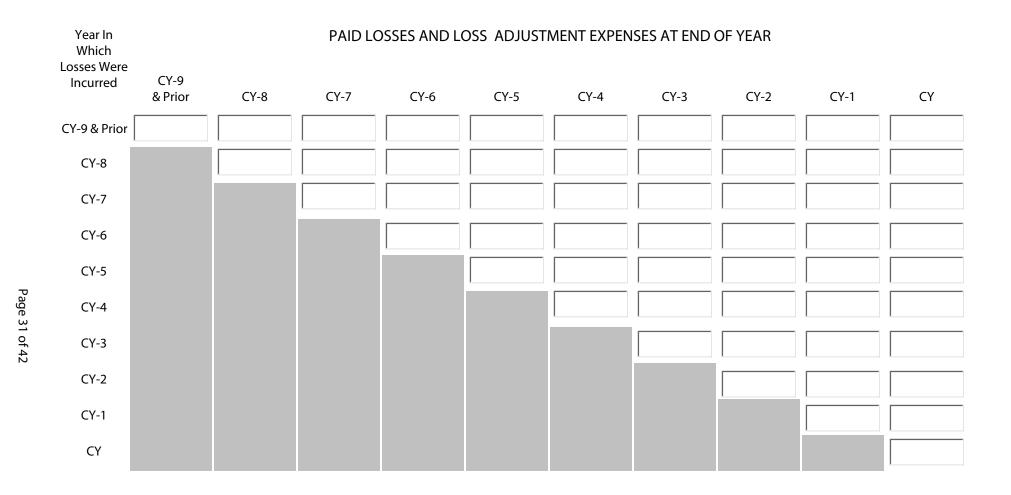
OTHER LIABILITY NET LOSSES AND LAE- Continued



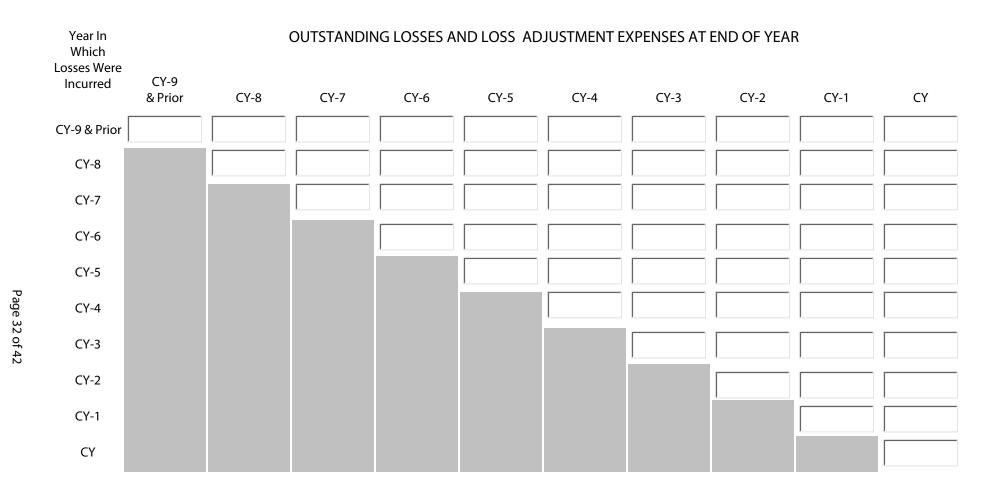
OTHER LIABILITY NET LOSS DEVELOPMENT



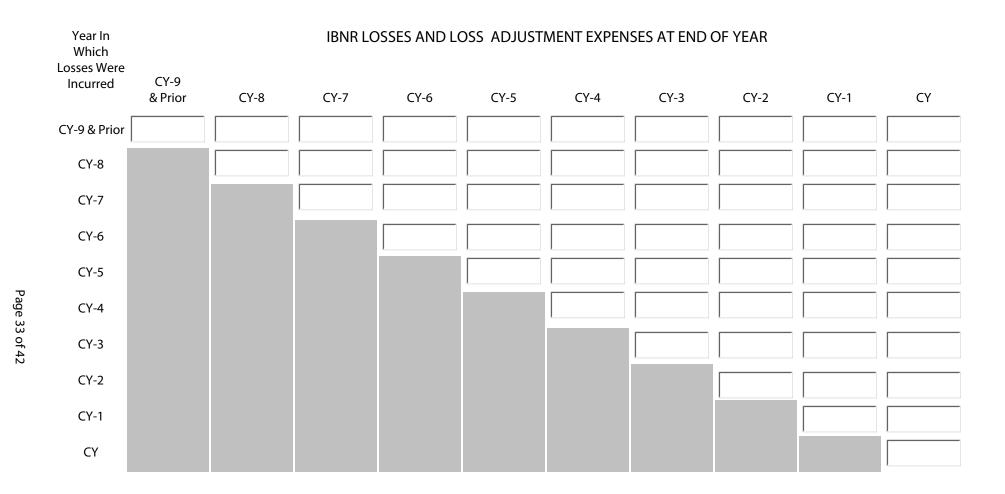
EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE



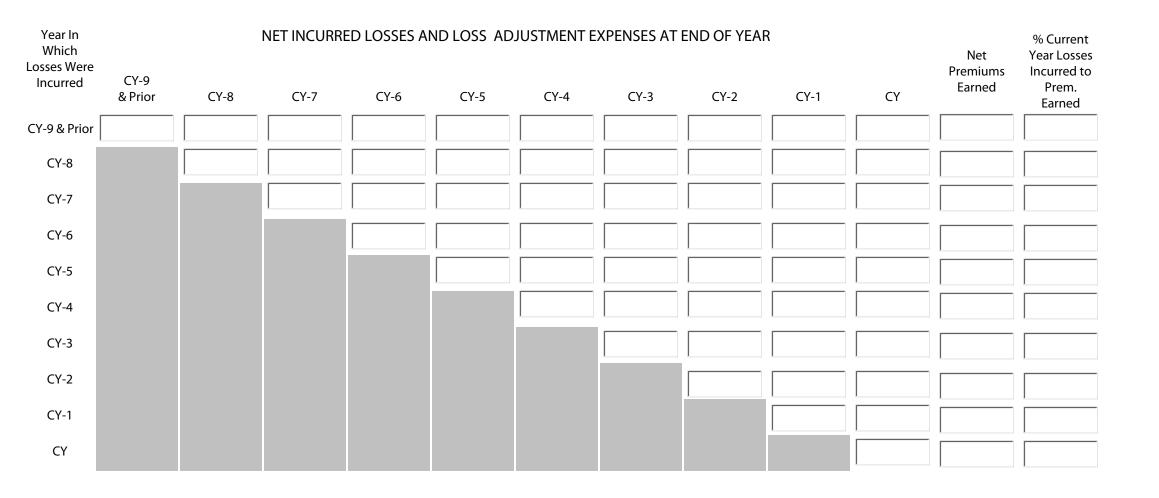
EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Contined



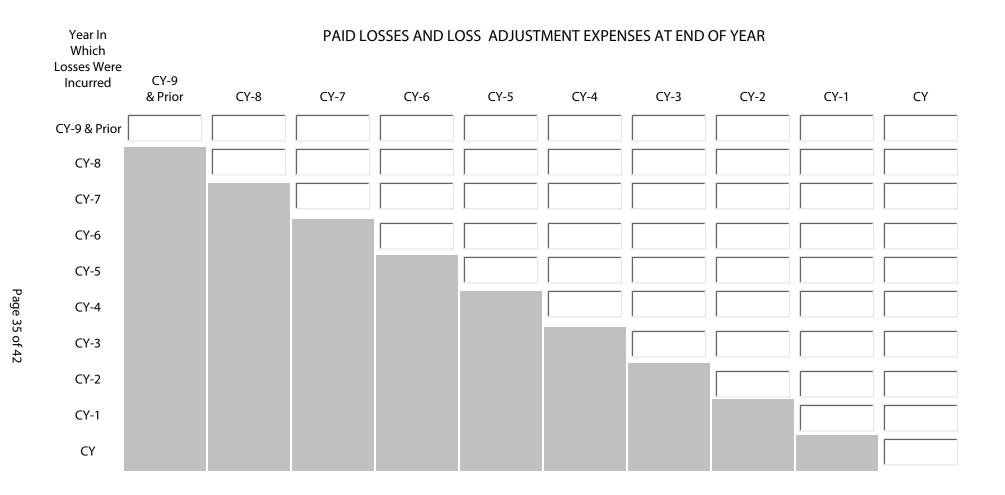
EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Continued



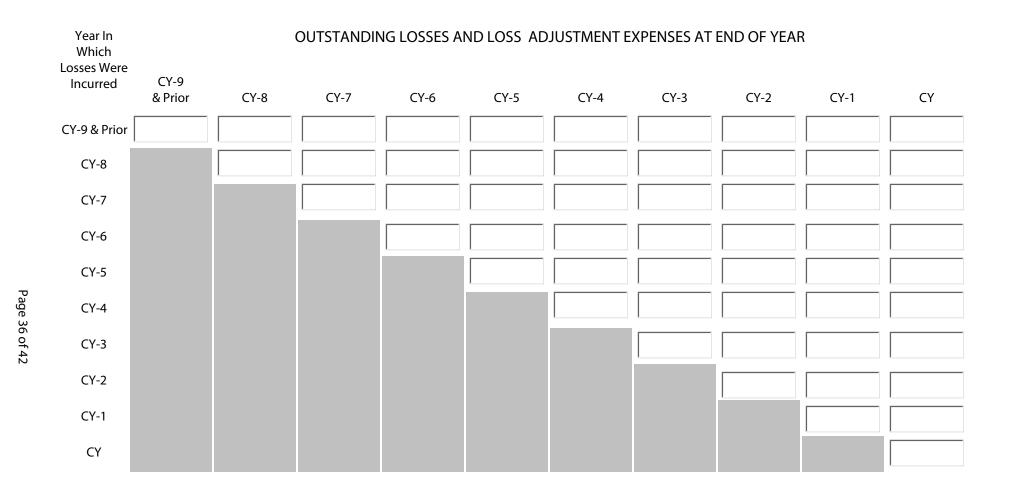
EXCESS WORKERS' COMPENSATION NET LOSS DEVELOPMENT



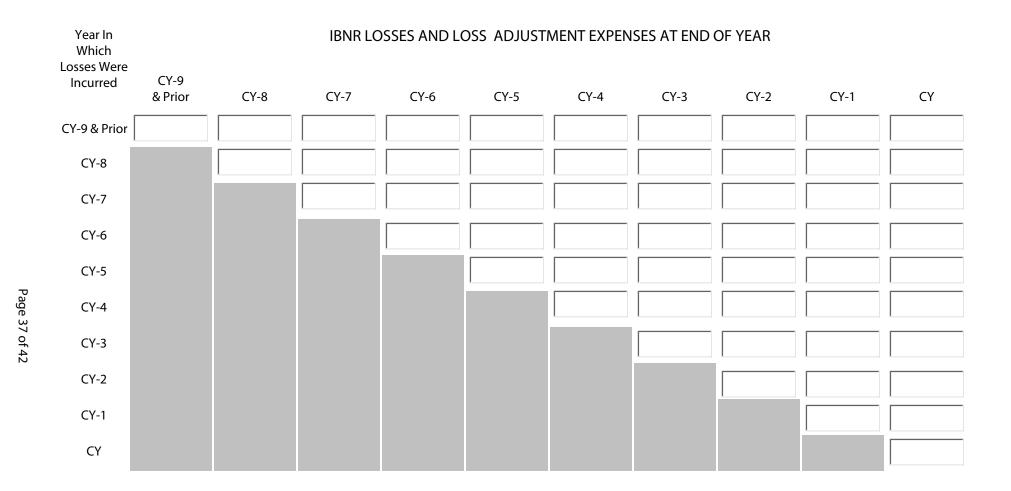
DISABILITY NET LOSSES AND LAE



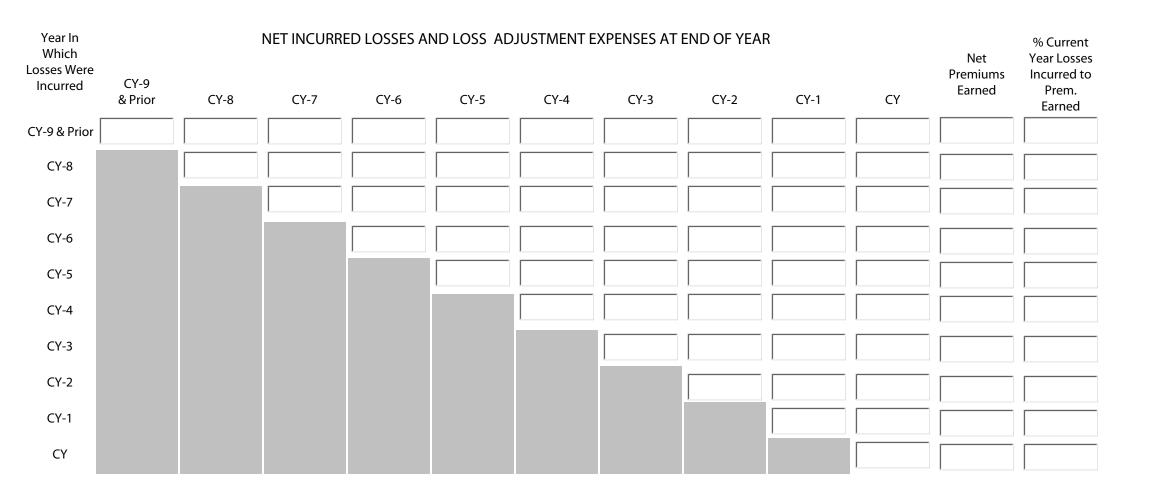
DISABILITY NET LOSSES AND LAE- Contined



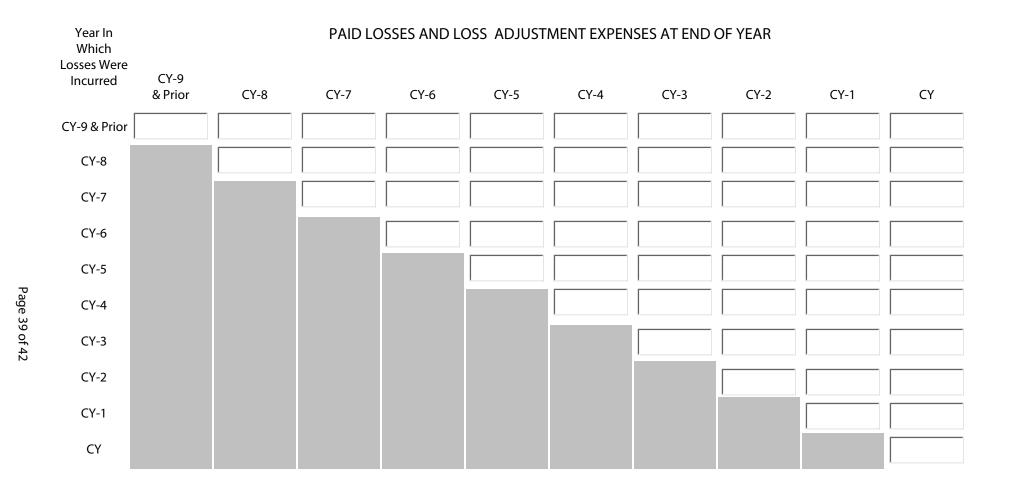
DISABILITY NET LOSSES AND LAE- Continued



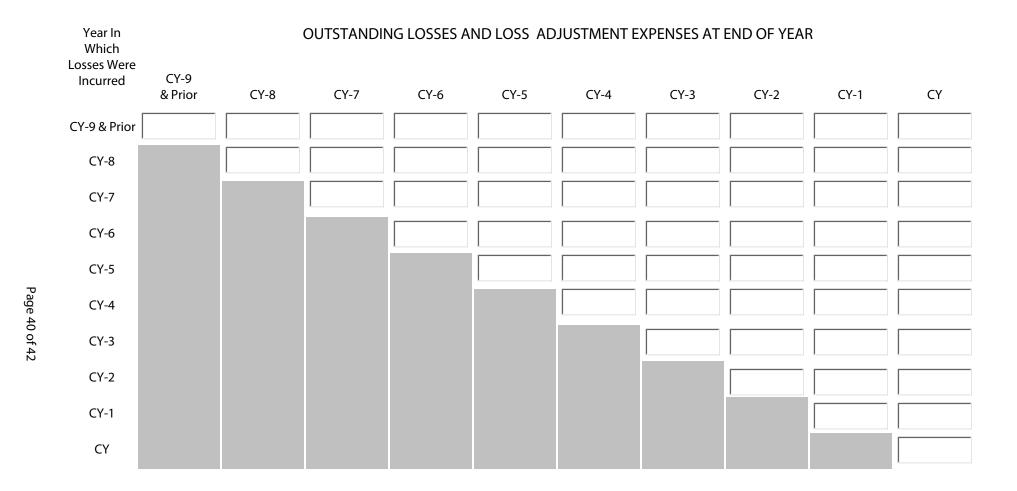
DISABILITY NET LOSS DEVELOPMENT



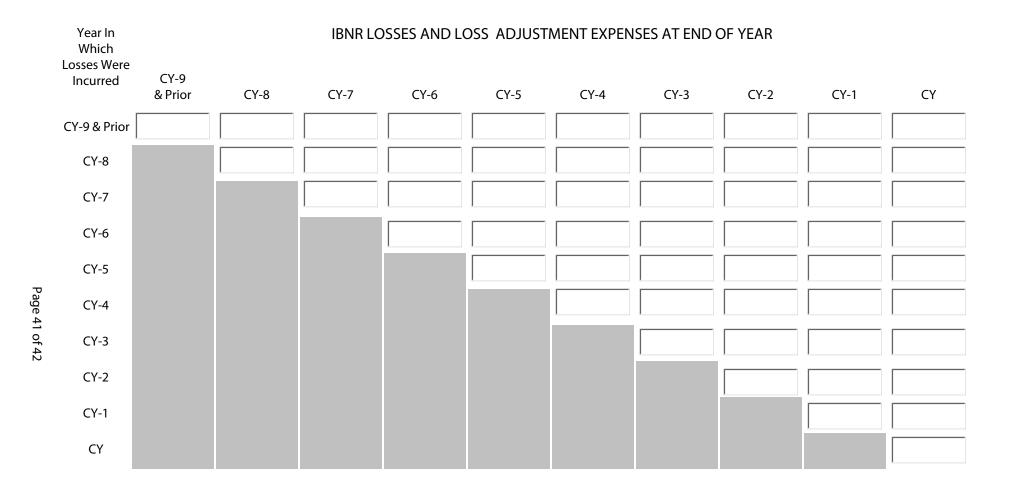
ALL OTHER LINES NET LOSSES AND LAE



ALL OTHER LINES NET LOSSES AND LAE- Contined



ALL OTHER LINES NET LOSSES AND LAE- Continued



ALL OTHER LINES NET LOSS DEVELOPMENT

