ALABAMA DEPARTMENT OF INSURANCE

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

	CAF	PTIVE INSURANC	Е СОМРА	NY FINANCIA	L STATEMEN	г	
Annua	Statement		(Company ID			
C Quarte	rly Statement			For the period ended			
Company Name							
	Date Incorporated			Date Commen	ced Business		
		CONT	ACT INFO	ORMATION			
Name							
Address							
City			State		Zip Code	,	
Phone Number		Fax Number			email		
			OFFICE	RS **			
President				Vice President			
Secretary				Vice President			
Treasurer				Vice President			
			DIRECTO	RS**			
				Γ			
			ATTESTA				
State of							
County of							

The below described officers, being first duly sworn, each for himself/herself deposes and says that they are the above described officers of said captive insurer, and that on the last day of the period presented, all of the herein described assets were the absolute property of the said captive, free and clear from any liens or claims thereon, except as stated, and that this statement, together with related exhibits, schedules, and explanations therein contained, annexed or referred to are a full and true statement of all assets and liabilities and of the condition and affairs of said captive as of the date presented in accordance with Statutory Accounting Principles (SAP) or Generally Accepted Accounting Principles (GAAP), the prior approval for which has been granted by the Alabama Commissioner of Insurance, and of its income and deductions therefrom for the period ended on that date, according to the best of their information, Inowledge and belief, respectively.

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

-	-	-	_	_	-
	C	c	E	т	•
	-	-	-		•

		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		
29.	Other Liabilities:		
	a)		
	b)		
	c)		
30.	Total Liabilities		
31.	Capital:		
	Paid in Capital (Par Value)		
32.	Surplus:		
	Contributed Surplus		
	Unrealized Gains (Losses) on Investments		
33.	Total Capital and Surplus		

34.

Total

		Current Period	Prior Period
Unde	rwriting Income		
1.	Net Premiums Written (P.8, C.6)		
2.	Net (Increase) Decrease in Unearned Premiums		
3.	Net Premiums Earned (Lines 1+ 2)		
4.	Other Insurance Income		
5.	Total Income (Lines 3 + 4)		
Unde	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 Dividens and Taxes (L 13+14-15)		
17.	Dividends to Policyholders		
18.	Taxes		
19.	Net Income (L 16-17-18)		

CAPITAL AND SURPLUS ACCOUNT

Current Period

Prior Period

		Current Period	Phor Period
20.	Capital and Surplus End of Previous Year		
21.	Net Income		
22.	Net Unrealized Capital Gains (Losses)		
	(Including Equity Income (Loss) on Subsidiaries		
23.	Capital Changes:		
	a) Paid In		
	b) Transfered from Surplus (Stock Dividends)		
	c) Transfered to Surplus		
24.	Surplus Changes:		
	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)		

		QUES	TIONNAIRE				
1.	Name of the company, corporation or association who directly or indirectly owned or controlled the captive insurance company.						
		CAPITAL ST	FOCK OF CAPTIVE				
	Class	# Shares Authorized	# Shares Outstanding	Par Value			
	Preferred						
	Common						
2.	Approved manager's info	rmation					
	Name						
	Firm Name						
	Address						
	City		State	Zip Code			
	Phone Number			-			
3.	Approved actuary's inforn	nation					
5.							
	Name						
	Firm Name						
	Address						
	City		State	Zip Code			
	Phone Number						
4.	Approved independant C	PA's information					
	Name						
	Firm Name						
	Address						
	City		State	Zip Code			
	Phone Number			1			
5.	Alabama registered agent	for service of process.					
	Name						
	Firm Name						
	Address						
	City		State	Zip Code			
	Phone Number						

	QUESTIONNAIRE- Continued								
6.	Have all transactions of the captive of which notice was received at the home	<u>YES</u>	NO						
	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:	_							
0	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 <u>SAP</u> <u>GAAP</u> written approval issued by the Commissioner authorizing its use.	. If GAA	P, attach a copy of the						
12.	Has the company adopted a yearly conflict of interst procedure for officers,	YES	NO						
	directors, and key employees?								
		J							
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.								

List all the captives service providers and their function(s) (Supply additional pages if needed.)

Provider	
Function(s)	
i unction(s)	
Provider	
Function(s)	
Dussidau	
Provider	
Function(s)	
Provider	
Function(s)	
runction(s)	

Premium Schedule

		(1 Direct B		(2) Reinsurance Assumed		(3) Premiums Acct'd for by Deposit	(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								
б. Page	Disability								
6. 7. Page 9 of 42	All Other Lines (Describe below other lines included in 7.)								
	Totals								

Lines included in 7 above.

REINSURANCE

CEDED AS OF:

Reinsurance
Recoverable on Paid &

Name of Reinsurer	State	NAIC #	Unpaid Losses & LAE	Premium Ceded	Prepaid Reinsurance	Form of Security	Amount of Security
				, 			,
Non-Affiliates:							
	,			,			,
Total							
			(pg. 2, L.9+10)	(pg. 8, C4-5)	(pg. 2, L.12)		

Affiliates:

REINSURANCE

ASSUMED AS OF:

Reinsurance Payable on Paid &

Affiliates:

Name of Reinsurer	State	NAIC #	Unpaid Losses & LAE	Premium Assumed	Unearned Premiums
Non-Affiliates:]]		
[
Total					

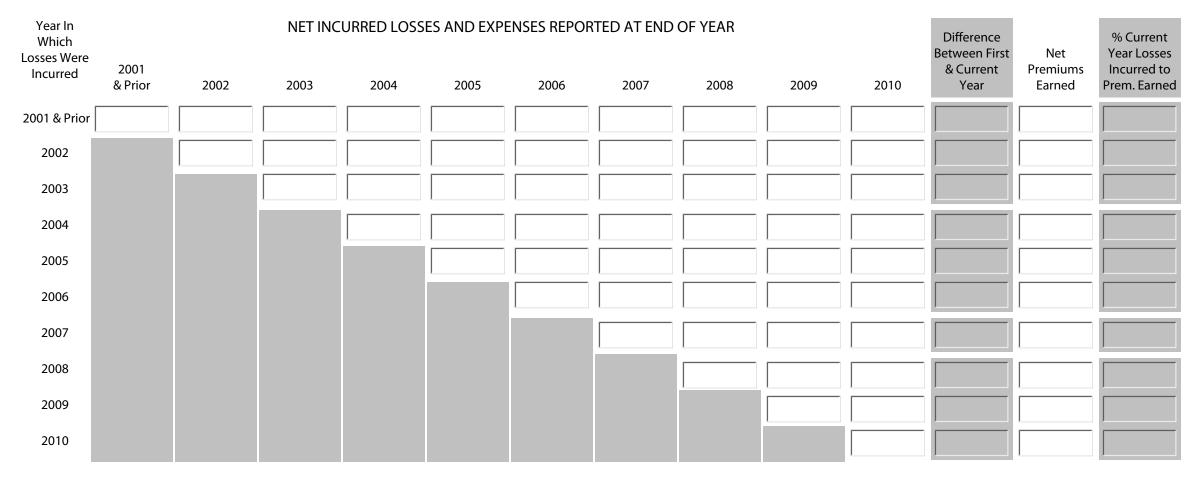
UNPAID LOSSES & LAE

UNPAID LOSSES Line of Business	(1) Case Basis Direc Assumed	(2) t and Case Basis Reins Recoverabl				Unpaid
Automobile Liability						
General & Product Liability						
Professional Liability						
OtherLiability						
Excess Workers' Compensation						
Disability						
All Other Lines						
Total						
<u>UNPAID LAE</u> Line of Business	(6) Case Basis Direct and Assumed	(7) Case Basis Reinsurance Recoverable	(8) IBNR Direct and Assumed	(9) IBNR Reinsurance Recoverable	(10) Net LAE Unpaid (6-7+8-9)	% of Colummn 10 to 5
Automobile Liability					_	
General & Product Liability						
Professional Liability						
OtherLiability						
Excess Workers' Compensation						
Disability						
All Other Lines						
All other Elles						

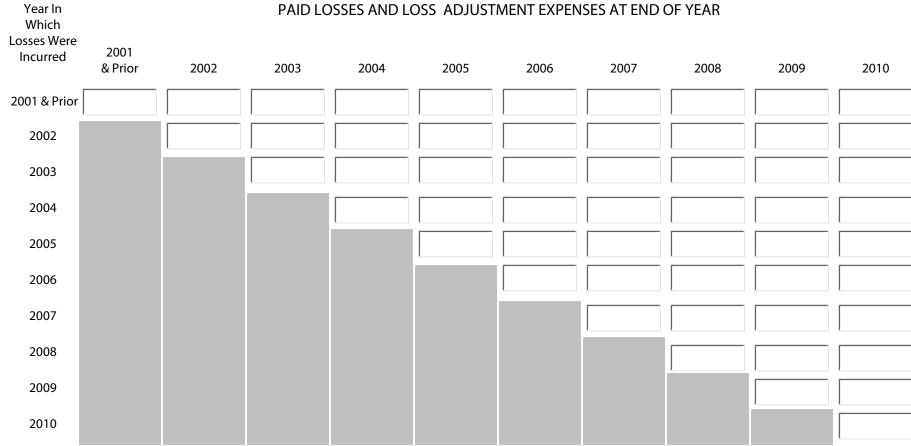
LOSSES \$ LAE PAID AND INCURRED

LOSSES	Losses Paid Less Salvage				(5)	(6) (7)	(8)	LAE Paid Less Salvage			
	(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				Earned		Assumed	Recovered
Automobile Liability											
General & Product Liability											
Professional Liability											
OtherLiability											
Excess Workers' Compensation											
Disability											
All Other Lines											
Total											
LAE	LAE - Cont'd	(13)	(14)	(15)	(16)						
	(12) Net Payments	Net LAE Unpaid Current Year	Prior Year	Net LAE Incurred (12+13-14)	Ratio of L Incurred to						
Line of Business	9+10-11				Premiums						
Automobile Liability				(1211311)	Premiums Earned						
General & Product Liability											
General & Product Liability											
General & Product Liability Professional Liability											
General & Product Liability Professional Liability OtherLiability											
General & Product Liability Professional Liability OtherLiability Excess Workers' Compensation											

SUMMARY ALL LINES OF BUSINESS

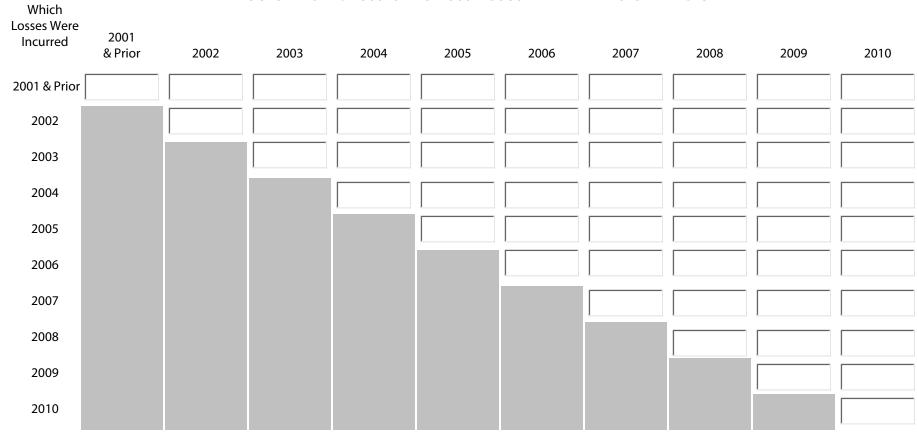


AUTOMOBILE LIABILITY NET LOSSES AND LAE



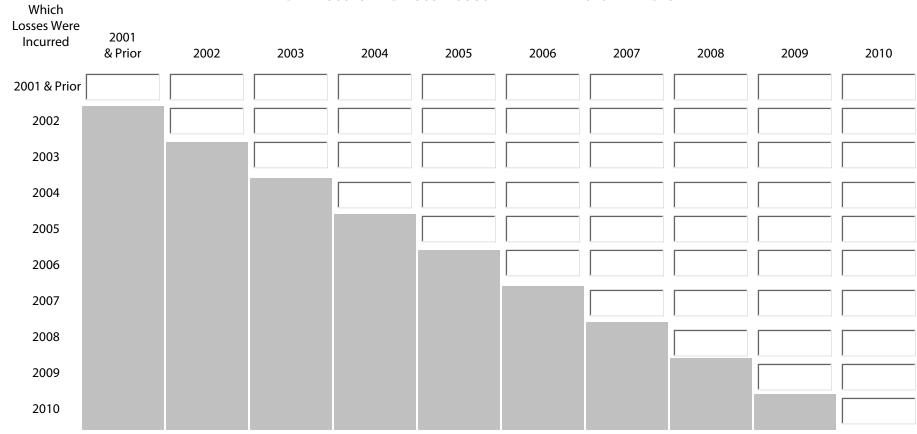
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

AUTOMOBILE LIABILITY NET LOSSES AND LAE- Contined



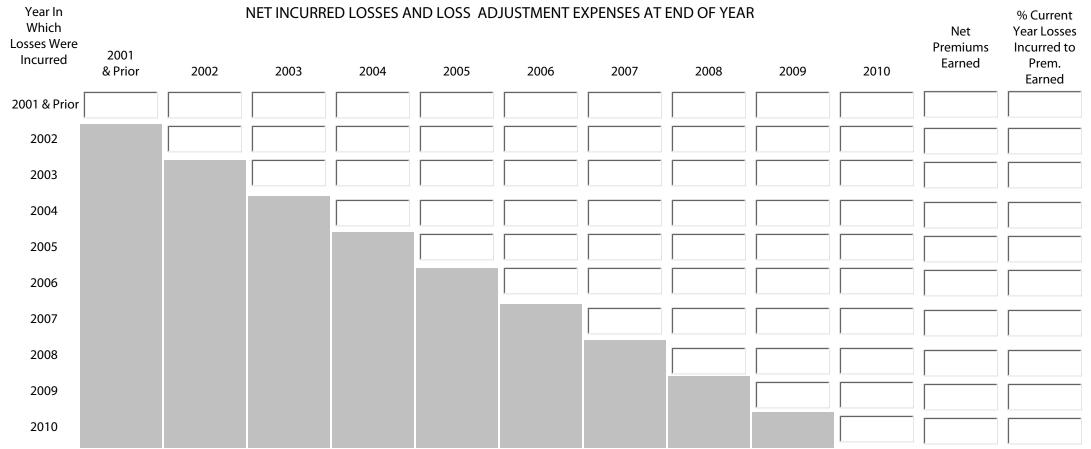
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

AUTOMOBILE LIABILITY NET LOSSES AND LAE- Continued

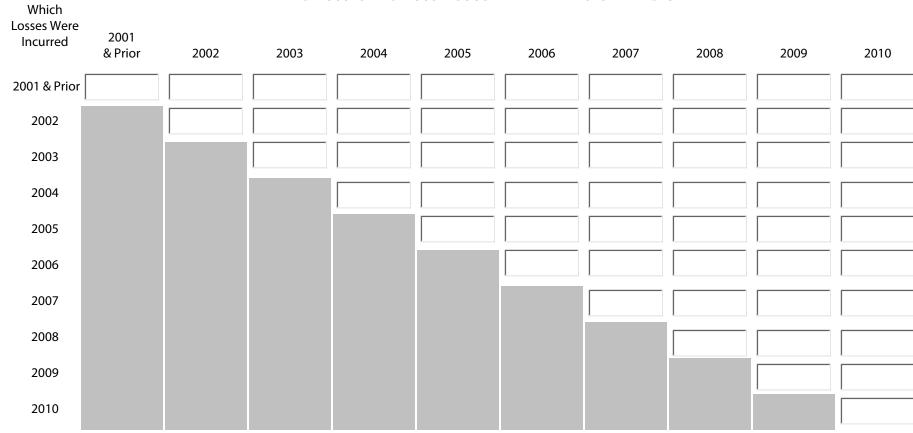


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

AUTOMOBILE LIABILITY NET LOSS DEVELOPMENT

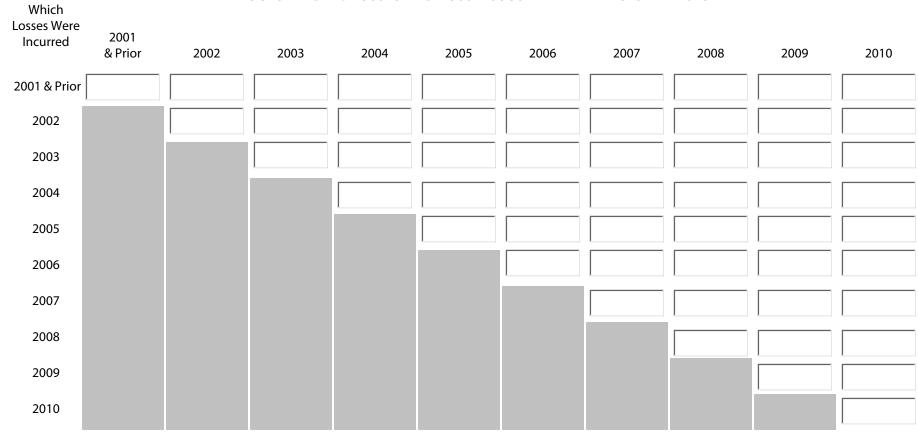


GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE



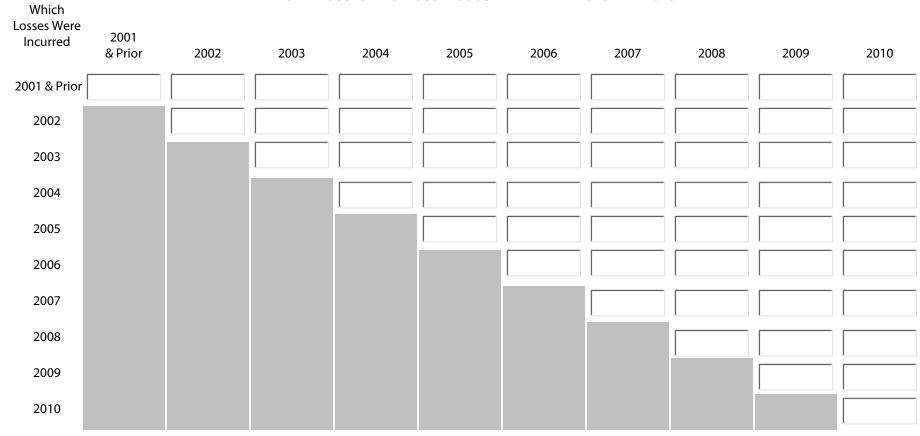
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Contined



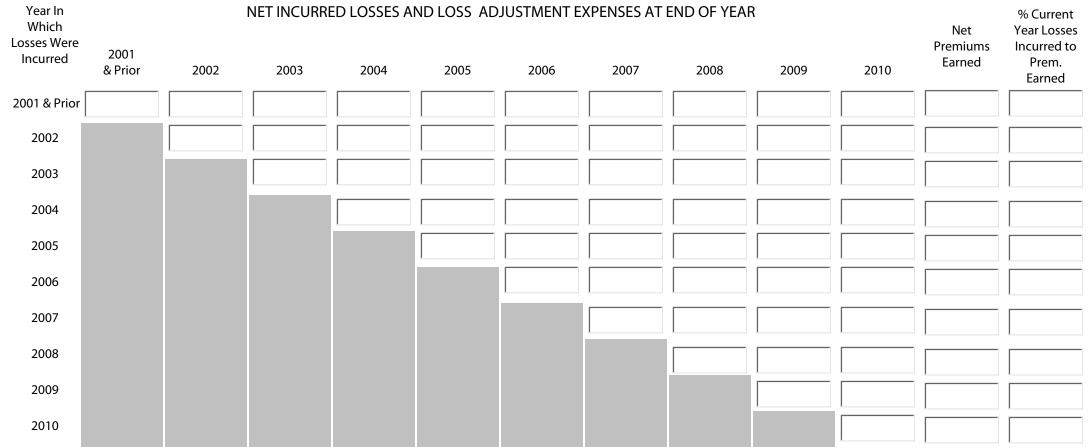
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Continued

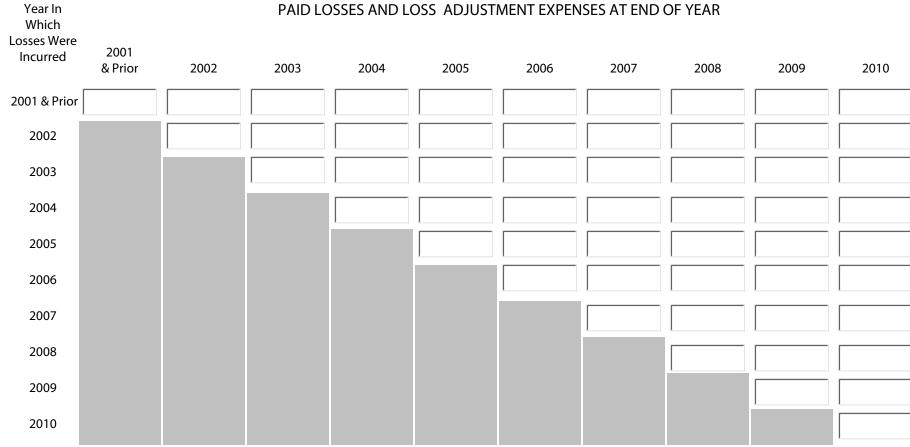


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

GENERAL & PRODUCT LIABILITY NET LOSS DEVELOPMENT

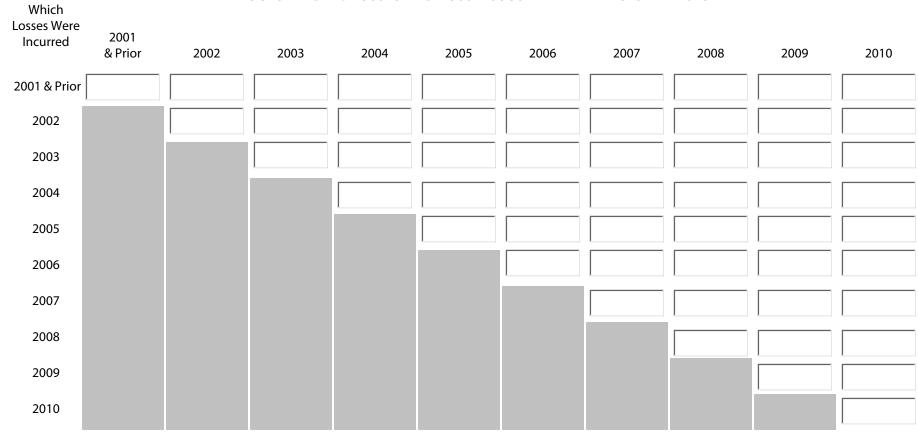


PROFESSIONAL LIABILITY NET LOSSES AND LAE



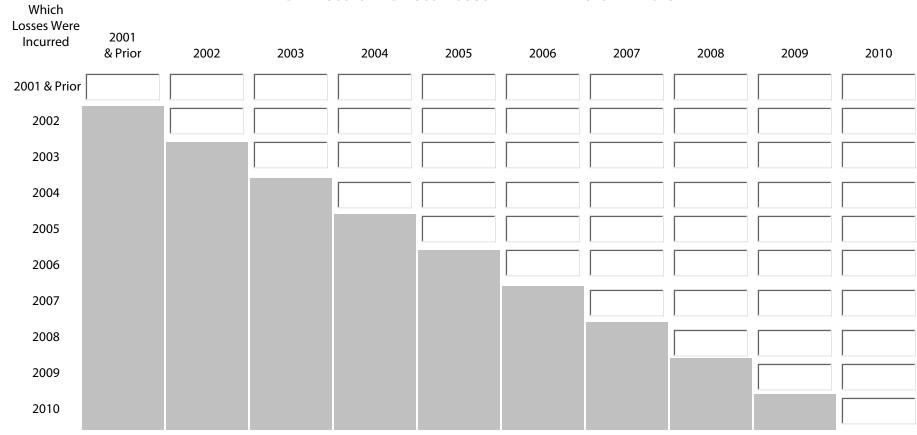
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

PROFESSIONAL LIABILITY NET LOSSES AND LAE- Contined



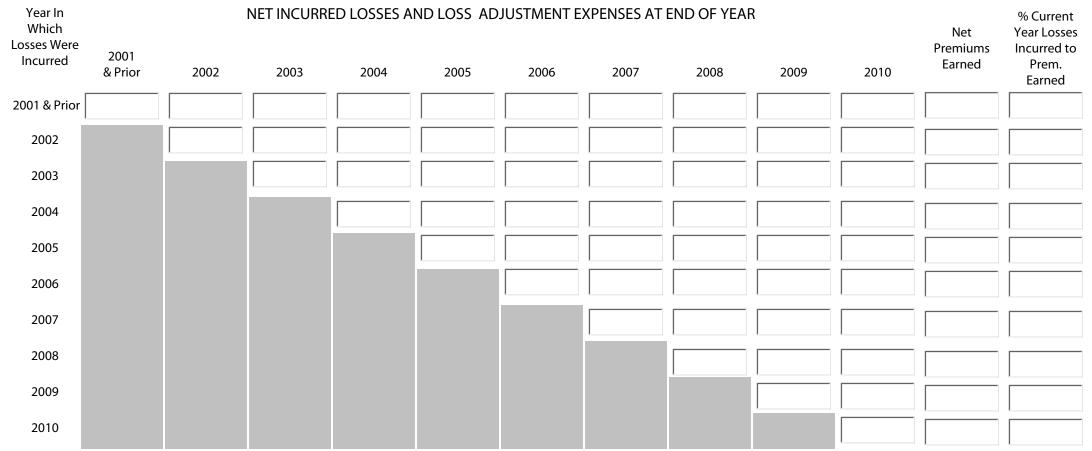
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

PROFESSIONAL LIABILITY NET LOSSES AND LAE- Continued

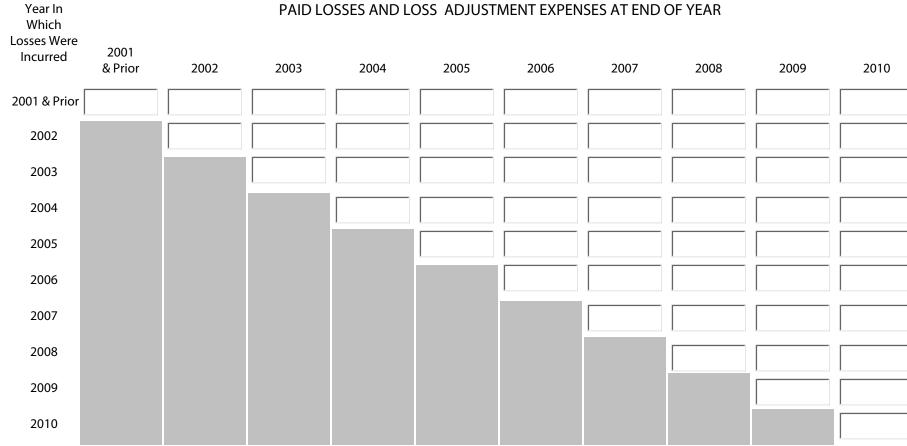


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

PROFESSIONAL LIABILITY NET LOSS DEVELOPMENT



OTHER LIABILITY NET LOSSES AND LAE



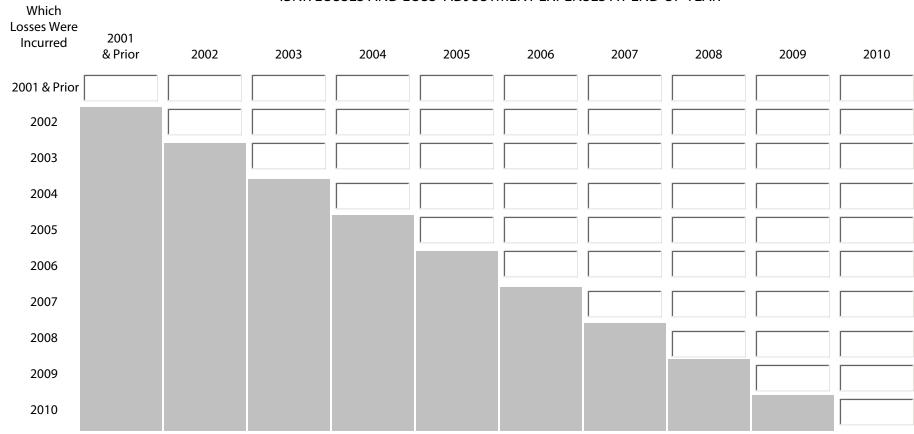
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

OTHER LIABILITY NET LOSSES AND LAE- Contined



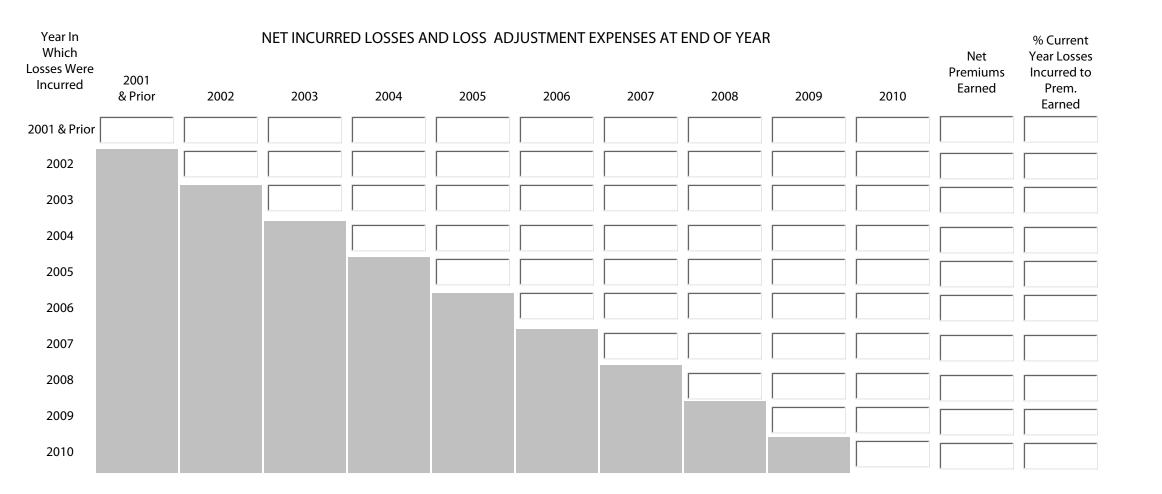
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

OTHER LIABILITY NET LOSSES AND LAE- Continued

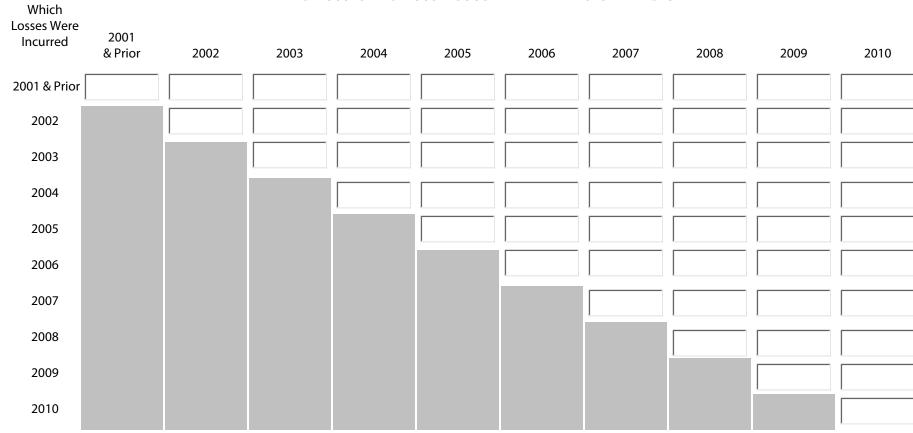


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

OTHER LIABILITY NET LOSS DEVELOPMENT



EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE



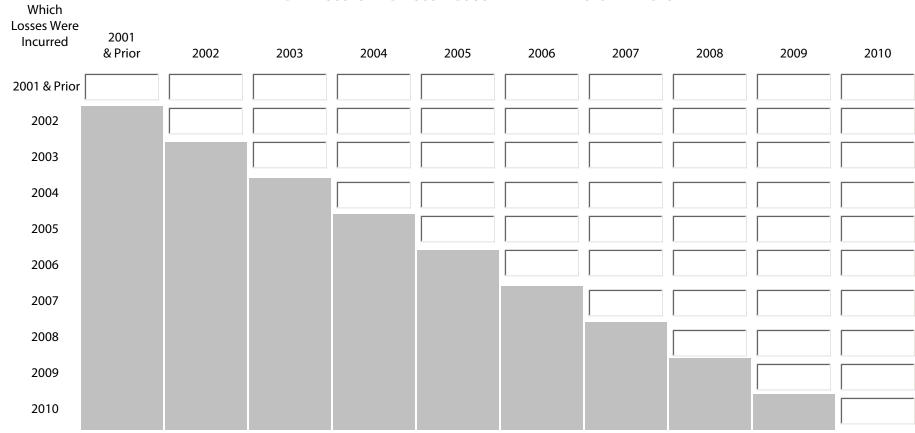
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Contined



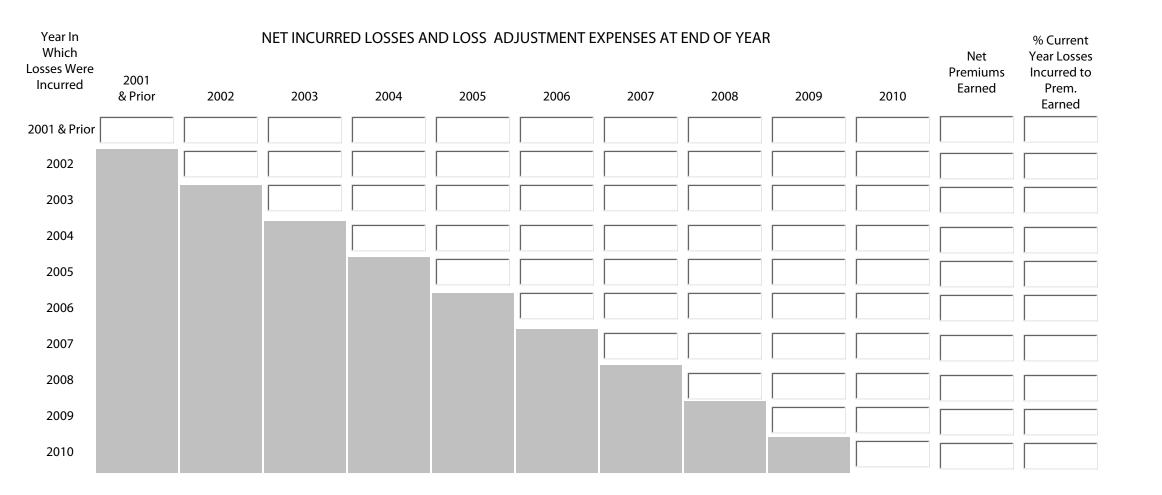
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Continued

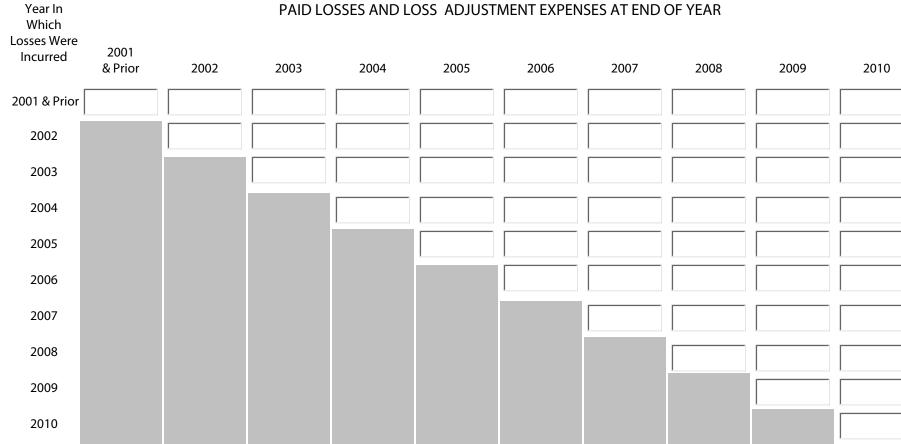


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

EXCESS WORKERS' COMPENSATION NET LOSS DEVELOPMENT

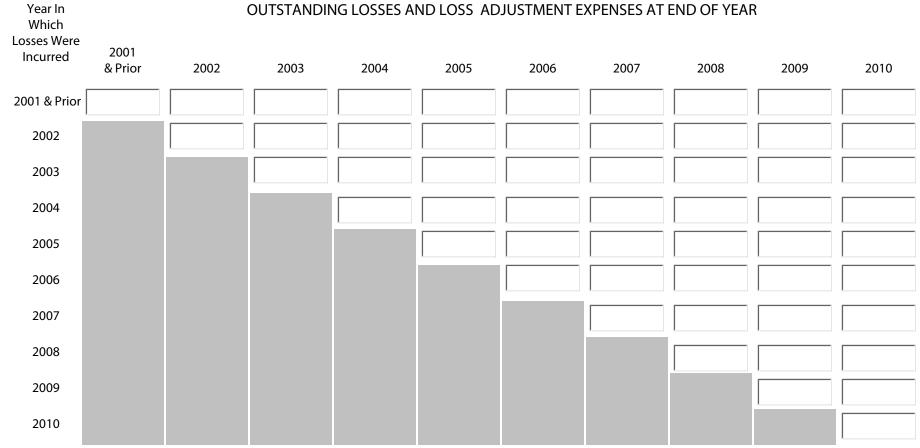


DISABILITY NET LOSSES AND LAE



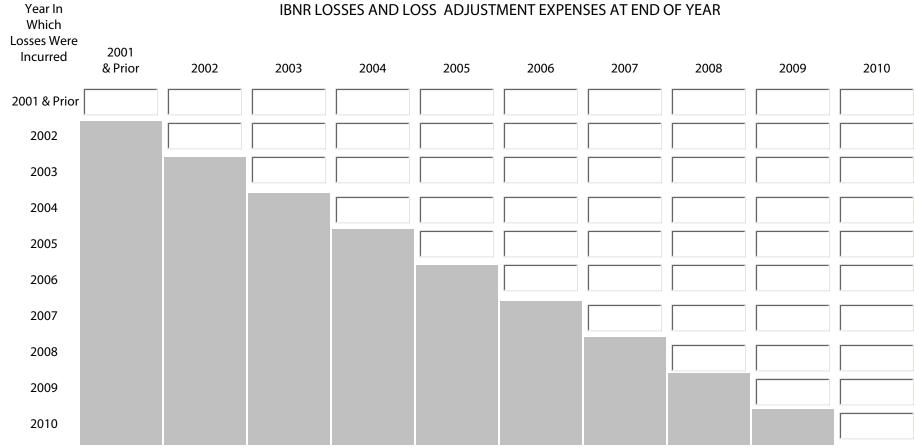
PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

DISABILITY NET LOSSES AND LAE- Contined



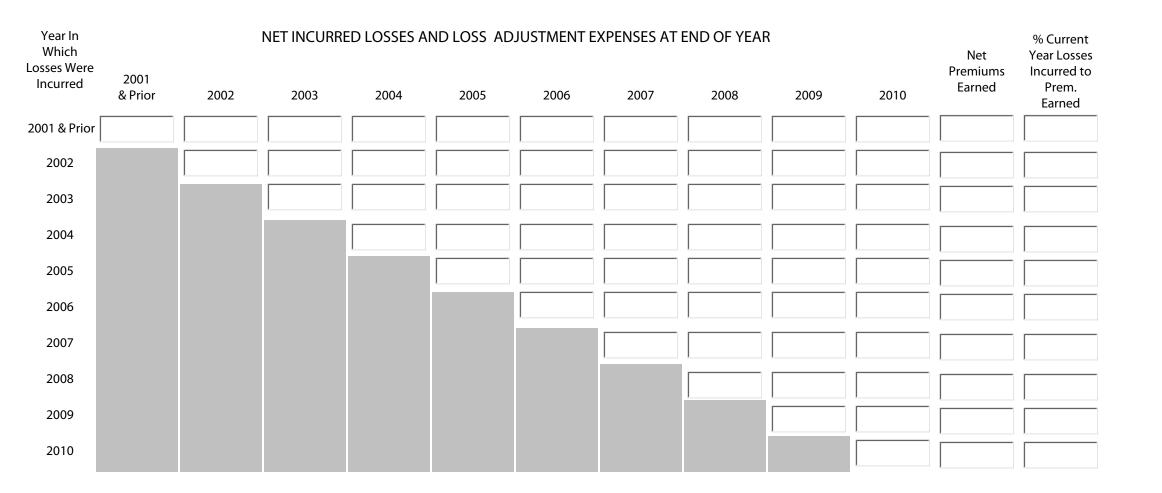
OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

DISABILITY NET LOSSES AND LAE- Continued

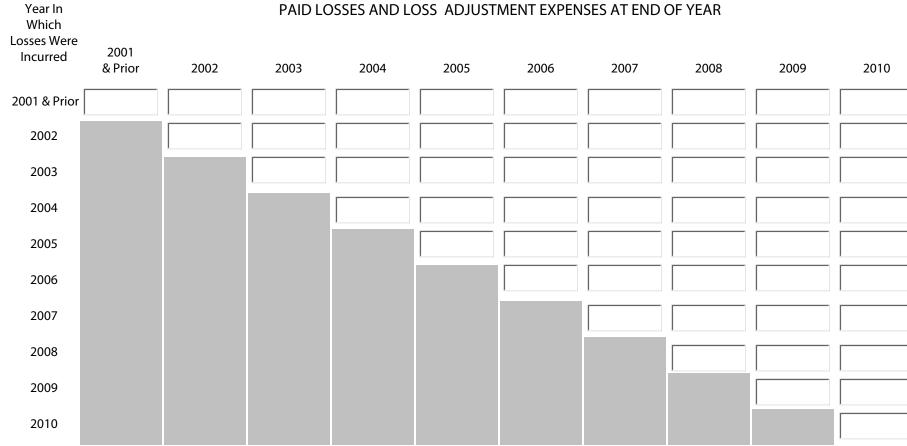


IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

DISABILITY NET LOSS DEVELOPMENT

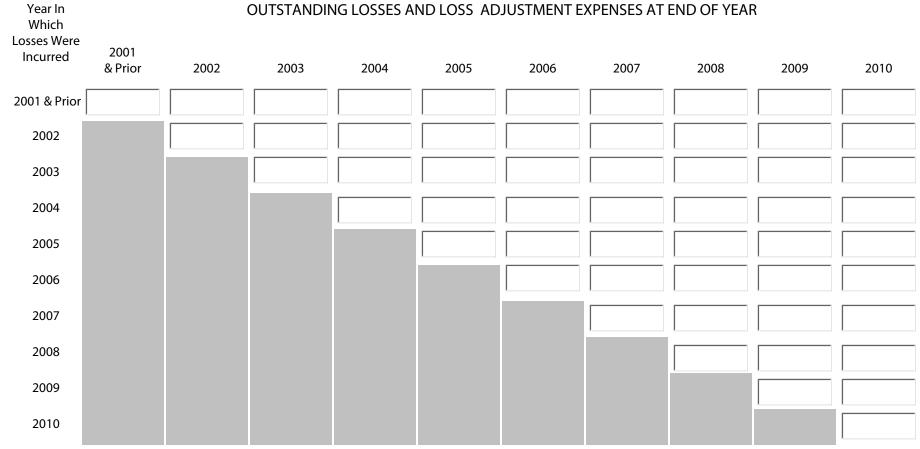


ALL OTHER LINES NET LOSSES AND LAE



PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

ALL OTHER LINES NET LOSSES AND LAE- Contined



OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

ALL OTHER LINES NET LOSSES AND LAE- Continued



IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR

ALL OTHER LINES NET LOSS DEVELOPMENT

