INDIANA DEPARTMENT OF INSURANCE

311 W. Washington St., Suite 300

Indianapolis, IN 46204-2787

Non-LIFE - STATEMENT OF CONDITION

On the 31st day of December, 2007

COMPANY NAME:

ADDRESS:

CITY, STATE ZIPCODE:

ORGANIZED UNDER STATE OF FEIN: NAIC CODE:

CONTACT PERSON: PHONE: EMAIL:

ASSETS OF COMPANY

(Nearest dollar)

Bonds (Schedule D) ..... $ _____

Stocks (Schedule D) ..... $ _____

Mortgage Loans on Real Estate (Schedule B) ..... $ _____

Real Estate (Schedule A) ..... $ _____

Cash & Short Term Investments (Schedule DA & E) ..... $ _____

Agents Balances or Uncollected Premiums ..... $ _____

Other assets ..... _____

TOTAL ASSETS ..... $ _____

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Losses ..... $ _____

Reserve for Loss Adjustment Expenses ..... $ _____

Reserve for Unearned Premiums ..... $ _____

Reserve for Taxes ..... $ _____

All Other Liabilities ..... $ _____

TOTAL LIABILITIES ..... $ _____

Special Surplus Funds ..... $ _____

Capital Stock ..... $ _____

Gross Paid in and Contributed Surplus ..... $ _____

Unassigned Surplus ..... $ _____

Surplus as regards Policyholders ..... $ _____

TOTAL LIABILITIES AND SURPLUS ..... $ _____

Signature ☐

(Print Name)
President

Signature ☐

(Print Name)
Secretary

State Form 1143 (R/10-87)