

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, 20__

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



.....
Signature



.....
(Print Name)
President

.....
(Print Name)
Secretary