

**RECEIVERSHIP SUPPLEMENT A  
FOR THE YEAR ENDED DECEMBER 31, 19\_\_\_\_  
OF THE \_\_\_\_\_**

**1. General Information**

**A. Names and Addresses:**

1. Supervising Judge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Special Deputy Receiver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Date of Court Order Establishing Receivership (Inception Date):**

\_\_\_\_\_, \_\_\_\_\_

**C. Check one:**  Liquidation  Rehabilitation (conservation)

**2. Since inception date:**

**A. Total sum spent: \$** \_\_\_\_\_

**B. Total sum paid to policyholders and claimants for insurance and unearned premium claims: \$** \_\_\_\_\_

**C. Amounts collected in excess of admitted assets:**

1. Admitted assets on inception date: \$ \_\_\_\_\_

2. Amounts collected in excess of admitted assets on inception date:  
\$ \_\_\_\_\_

**D. Amounts paid to each person, whether employee or independent contractor, as compensation for services rendered to the receivership and bonuses or incentives paid based on other factors, in excess of \$50,000 in the current year or \$250,000 in the aggregate since the receivership inception date:**

<u>Name of Person or Firm</u>	<u>Amount Paid During this Year</u>	<u>Aggregate Amount Paid Since Inception Date</u>	<u>Nature of Services Rendered</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____



3. Regulatory actions affecting the receivership by other states during the year:

<u>State</u>	<u>Nature of Action</u>	<u>Date Action Taken</u>
AL		/ /
AK		/ /
AZ		/ /
AR		/ /
CA		/ /
CO		/ /
CT		/ /
DE		/ /
DC		/ /
FL		/ /
GA		/ /
HI		/ /
ID		/ /
IL		/ /
IN		/ /
IA		/ /
KS		/ /
KY		/ /
LA		/ /
ME		/ /
MD		/ /
MA		/ /
MI		/ /
MN		/ /
MS		/ /
MO		/ /
MT		/ /
NE		/ /
NV		/ /
NH		/ /
NJ		/ /
NM		/ /
NY		/ /
NC		/ /
ND		/ /
OH		/ /
OK		/ /
OR		/ /
PA		/ /
RI		/ /
SC		/ /
SD		/ /
TN		/ /
TX		/ /

UT	_____	_____	_____
VT	_____	_____	_____
VA	_____	_____	_____
WA	_____	_____	_____
WV	_____	_____	_____
WI	_____	_____	_____
WY	_____	_____	_____

4. Federal income tax loss carry-backs or carry-forwards used at year-end:

<u>Carry-</u>	<u>Description</u>	<u>Maximum Value</u>
_____ Forward	_____ Backward	\$ _____
_____ Forward	_____ Backward	\$ _____

5. Federal government claims against receivership:

A. Pending at year-end:

<u>Date Claim Filed</u>	<u>Priority Class</u>	<u>Amount Claimed</u>	<u>Brief Description</u>
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____

B. Closed during year:

<u>Date Closed</u>	<u>Priority Class</u>	<u>Amount Payable</u>	<u>Brief Description</u>
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____

6. Guaranty association transactions during the year:

<u>State</u>	<u>No. of Claim Files Transferred to Guaranty Assoc.</u>	<u>Receiver's Estimated Total Value of Transferred claims</u>	<u>No. of claims submitted by Guaranty Assoc.</u>	<u>Guar. Assoc.'s Total Value of submitted claims</u>
AL	_____	\$ _____	_____	\$ _____
AK	_____	\$ _____	_____	\$ _____
AZ	_____	\$ _____	_____	\$ _____
AR	_____	\$ _____	_____	\$ _____
CA	_____	\$ _____	_____	\$ _____
CO	_____	\$ _____	_____	\$ _____
CT	_____	\$ _____	_____	\$ _____



DE		\$			\$
DC		\$			\$
FL		\$			\$
GA		\$			\$
HI		\$			\$
ID		\$			\$
IL		\$			\$
IN		\$			\$
IA		\$			\$
KS		\$			\$
KY		\$			\$
LA		\$			\$
ME		\$			\$
MD		\$			\$
MA		\$			\$
MI		\$			\$
MN		\$			\$
MS		\$			\$
MO		\$			\$
MT		\$			\$
NE		\$			\$
NV		\$			\$
NH		\$			\$
NJ		\$			\$
NM		\$			\$
NY		\$			\$
NC		\$			\$
ND		\$			\$
OH		\$			\$
OK		\$			\$
OR		\$			\$
PA		\$			\$
RI		\$			\$
SC		\$			\$
SD		\$			\$
TN		\$			\$
TX		\$			\$
UT		\$			\$
VT		\$			\$
VA		\$			\$
WA		\$			\$
WV		\$			\$
WI		\$			\$
WY		\$			\$



7. Assumption reinsurance/transfers of direct insurance liability during the year:

<u>Date of Transfer</u>	<u>Name of Assuming Insurer</u>	<u>Reserves Transferred by Receivership</u>	<u>Briefly describe Tranferred Policies</u>
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____

8. Distributions other than class 1 - administrative expense during the year.  
 (Distributions for policyholder claims and unearned premium claims should be identified by guaranty association and such distributions not made to a guaranty association should be identified in the aggregate, such as "all other policyholder claims" and "all other unearned premium claims".)

<u>Date of distribution Distribution</u>	<u>Priority Class</u>	<u>Amount Distributed</u>	<u>Briefly describe Nature and Reason for</u>
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____
____/____/____	_____	\$ _____	_____



RECEIVERSHIP SUPPLEMENT B

CONFIDENTIAL

1. Summary of legal actions to which the receivership is a party (other than the receivership case itself):

A. Actions pending at year end:

<u>Date Complaint Filed</u>	<u>Title, Number and Court</u>	<u>Briefly Describe Nature of Case</u>
/ /		
/ /		
/ /		
/ /		

B. Actions closed during the year:

<u>Date Case Closed</u>	<u>Title, Number and Court</u>	<u>Briefly Describe Nature of Case</u>	<u>Amount Receivable (Payable) by Receivership (by settlement or judgment)</u>
/ /			\$
/ /			\$
/ /			\$
/ /			\$
/ /			\$

2. Ceded reinsurance collected/commuted since inception date:

<u>Name of reinsurer</u>	<u>Balances recoverable under terms of contract</u>	<u>Ceded and other balances payable</u>	<u>Was the contract commuted (yes/no)</u>	<u>Amount collected/commuted</u>	<u>Date collected commuted</u>
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	

**3. Potential or Possible Recoveries Not Listed As Assets on the Annual Statement:**

With respect to each of the following categories, please state whether there are potential or possible recoveries within each such category which are not listed as an asset on the Annual Statement; and if so, with respect to each such category, state the nature of the potential or possible recoverable, from whom recoverable and give your evaluation of the chances of recovery and your estimate of the amount of the probable recovery (amounts less than \$1,000 per alleged debtor may be shown in the aggregate within each category, as "all other" within each category; otherwise amounts should be specified by identified debtor within each category):

- a. Additional reinsurance recoverables.
- b. Additional recoverables from agents.
- c. Additional premium recoveries.
- d. Tax refund claims.
- e. Director's and Officer's liability claims.
- f. Other recoverables.

**4. A. Letters of credit or funds held by receivership under reinsurance treaties at inception date:**

<u>Name of reinsurer</u>	<u>Letters of Credit</u>	<u>Funds held by receivership under reinsurance treaties</u>	<u>Date of expiration of letter of credit or fund account</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
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_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____



_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

4. B. Letters of credit or funds held by receivership under reinsurance treaties at year-end:

<u>Name of reinsurer</u>	<u>Letters of Credit</u>	<u>Funds held by company under reinsurance treaties</u>	<u>Date of expiration of letter of credit or fund account</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
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_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____