

**APPENDIX A
TENNESSEE CAPTIVE INSURER ANNUAL REPORT**

As of _____ (date)
of the Condition and Affairs of
(Name of Captive Insurance Company)

Date of License: _____
 Company Street Address: _____
 Company City, State, Zip Code: _____
 Books and Records Street Address: _____
 Captive Manager Name: _____
 Captive Manager Street Address: _____
 Annual Report Contact Name: _____
 Annual Report Contact Number: _____
 Annual Report Contact Email: _____

Officers:

President: _____
 Secretary: _____
 Treasurer: _____
 _____:
 _____:
 _____:

Directors / Managers:

1. List the name(s) and address(es) of the beneficial owners of the captive and corresponding percentages of ownership:

Name	Address	% Ownership

2. Type of Captive: Pure Association Risk Retention Group Protected Cell
 Industrial Insured Special Purpose

3. Organizational form: _____
 If organized as a stock company, please include a description of all authorized stock classes, whether the class is preferred or common stock, and for each class, the number of shares authorized, shares outstanding, and the par value.

4. Provide the name and address of the Captive Manager.

Has the Captive Manager changed from the last annual filing? Yes No

5. Provide the individual name, firm name and firm address of the Actuary.

Has the Actuary changed from the last annual filing? Yes No

6. Provide the individual name, firm name and firm address of the Certified Public Accountant.

Has the Certified Public Accountant changed from the last annual filing? Yes No

7. Attach a complete copy of the company's unaudited financial statements as of prior year end that include the Balance Sheet and Income Statement.

8. Were any changes made to the charter, bylaws or articles since the last annual filing? Yes No

9. Did the company provide notification to and receive approval from the Captive Insurance Section for all material transactions? Yes No

If no, provide a brief description including the dollar amount on a separate attachment.

10. Since the last annual filing, were there any related party transactions? Yes No

If yes, provide a brief description including the dollar amount on a separate attachment.

11. Have all assets been valued in accordance with GAAP? Yes No

If other than GAAP was used, please explain:

12. Do the company's assets include any loans to its parent, affiliates, or unaffiliated companies?

Yes No

If yes, please answer the following:

(a) Were any of these loans entered into this year? Yes No

If yes, what is the date of Captive Insurance Section approval? _____

(b) Amount of the loan as of the end of the year: _____

(c) Describe the terms of the loan on a separate attachment.

(d) Have all interest payments due for the year been collected? Yes No

If no, when are the interest payments expected? _____

(e) Attach copies of current financial statements of the company or companies to whom loans have been made.

13. Were any of the company's assets or stock pledged as collateral at any time during the year or did the captive provide any outside guarantees? Yes No

If yes, please provide the date of Captive Insurance Section approval and a brief description on a separate attachment.

14. Has each officer, director and key employee for the current reporting year filed a disclosure with the captive's board of directors disclosing any potential conflicts of interest as outlined in the captive's conflict of interest policy? Yes No

15. Have loss and loss adjustment expense (LAE) reserves been discounted? Yes No

If yes, what interest rate was used? _____

16. Were any dividends paid during the year? Yes No

If yes, provide the date of approval by the Captive Insurance Section, the date(s) paid and amounts paid.

17. Did the company hold a board of directors meeting in Tennessee during the reporting period as required by Tenn. Code Ann. § 56-13-103(b)? Yes No

18. Does the company participate in a reinsurance pooling arrangement? Yes No

If yes, identify the name of the pool and either the pool's domicile or the domiciles of the other pool participants.

19. Did the company write any new lines of business this year? Yes No

If yes, provide the date of Captive Insurance Section approval and a listing of new lines on a separate attachment.

20. Did the company write premiums this year? Yes No

If not, does the company plan to write insurance in the next year? Yes No

If not, does the company plan on going dormant or dissolving in the next year? Yes, Dormancy
 Yes, Dissolving No

21. In the past year were there any material changes in the management's understanding of the company's financial condition or any trends, events or uncertainties that have had or will likely cause the company to substantially deviate from its filed business plan. If yes, please attach an explanatory statement. Yes No

22. Please complete the following:

EXHIBIT OF PREMIUMS AND LOSSES

Premium Schedule				
1	2	3	4	5
Lines of Coverage	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premiums Written
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Totals				

Paid Loss Schedule				
1	2	3	4	5
Lines of Coverage	Direct Business	Assumed Reinsurance	Ceded Reinsurance	Net Losses Paid
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Totals				

Loss Reserve Schedule				
1	2	3	4	5
Lines of Coverage	Direct Business	Assumed Reinsurance	Ceded Reinsurance	Net Loss Reserves
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Totals				

SCHEDULE OF REINSURANCE

Assumed Reinsurance as of Current Year End					
1	2	3	4*	5**	6***
Federal ID Number	Name of Reinsured (include pool participants)	State or Country of Domicile	Assumed Premiums	Assumed Paid Losses	Assumed Loss Reserves
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Totals					

- * Total for Column 4 must agree to Premium Schedule
- ** Total for Column 5 must agree to Paid Loss Schedule
- *** Total for Column 6 must agree to Loss Reserve Schedule

Ceded Reinsurance as of Current Year End					
1	2	3	4*	5**	6***
Federal ID Number	Name of Reinsured (include pool participants)	State or Country of Domicile	Ceded Premiums	Ceded Paid Losses	Ceded Loss Reserves
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Totals					

- * Total for Column 4 must agree to Premium Schedule
- ** Total for Column 5 must agree to Paid Loss Schedule
- *** Total for Column 6 must agree to Loss Reserve Schedule

INVESTMENTS OWNED AT CURRENT YEAR END

1	2	3	4
Description	Investment Type*	Cost	Statement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Totals			

* Enter the corresponding numbers for the investment type as noted below:

- 1. Bonds
- 2. Stocks
- 3. Cash and Short-Term Investments
- 4. Loans and Notes Receivable
- 5. Cash Surrender Value of Life Insurance
- 6. Letters of Credit
- 7. Other

CERTIFICATION

The officers of this company, being duly sworn, each depose and say that they are the described officers of said insurer and attest to the following:

(1) that as of the date of this Annual Report (as noted above), the company has maintained the minimum capital and surplus requirements pursuant to Tenn. Code Ann. § 56-13-105.

(2) the attached schedules, exhibits, and explanations therein contained, annexed or referred to are a full and true statement, in all material respect of the company's financial condition and results of operations, according to the best of their information, knowledge, and belief respectively.

(3) that pursuant to Tenn. Code Ann. § 56-13-109 and Tenn. Comp. R. & Regs. 0780-01-41-.03, the company will will not (check one) file an independently audited financial report, including an actuarial opinion, with the Tennessee Department of Commerce and Insurance on or before June 30 for the period covered by this Annual Report, or alternative filing date of _____ as approved by the Department. NOTE: A company that does not annually file independently audited financial reports must be examined at least every three years. Tenn. Code Ann. § 56-13-109. Companies who file independently audited financial reports must be examined at least every five years.

Original, sworn, and notarized signatures of two officers are required. Tenn. Code Ann. § 56-13-108.

Printed Name: _____
 Title: _____

Printed Name: _____
 Title: _____

Subscribed to and sworn before me this _____ day of _____, _____.

 Notary Public

(seal)

Is this an original filing? yes no
 If no,

1. State the amendment #: _____
2. Date filed: _____
3. Number of pages attached: _____

OVERSIGHT DOCUMENT CHECKLIST

Please certify that the following documents are current as filed with the Captive Insurance Section, are new (and attached), or are not applicable at this time for: (Name of Captive Insurance Company)

1. Executed agreement between the captive and the captive manager. Current as filed New N/A
2. Executed agreement with audit firm. Current as filed New N/A
3. Executed agreement with actuarial firm. Current as filed New N/A
4. Sample policy form(s) used by captive. Current as filed New N/A
5. Minutes and resolutions of all board meetings. Current as filed New N/A
6. Executed reinsurance and/or pooling agreements. Current as filed New N/A
7. Statement of Investment Policy. Current as filed New N/A
8. Code of ethics and certificate of acknowledgement by owners. Current as filed New N/A
9. Conflict of interest policy statement and owner's certificate of acknowledgement.
 Current as filed New N/A

To the best of my knowledge, the above documents have either been filed with the Captive Insurance Section (and no changes have been made), are attached hereto, or are not applicable.

Captive Manager

Date