

ASSESSMENT

ASSOCIATION 2023

ANNUAL STATEMENT

For the Year Ending December 31, \_\_\_\_\_

NAIC Company # \_\_\_\_\_

(Name of Association)

(Address)

(City, State, Zip Code)

(Contact Person)

(Contact Email)

( ) \_\_\_\_\_  
(Telephone Number)

Date Organized \_\_\_\_\_

Mail to the Department at:

Using USPS:  
Nebraska Department of  
Insurance PO Box 95087  
Lincoln, NE 68509-5087

Sending overnight, FEDEX, UPS:  
Nebraska Department of Insurance  
1526 "K" St., Suite 200  
Lincoln, NE 68508

See Instructions on Page Two

INSTRUCTIONS – READ CAREFULLY

This statement must be filed on or before March 1<sup>st</sup> of the year following that for which it is completed.

When money is borrowed, it must be shown as income at line 11, page 3, when repaid it must be shown as a disbursement at line 26, page 4.

Any borrowed money unpaid on the date of this statement must be shown as a liability at line 33, page 5.

OFFICERS

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
Pres. _____	_____	( ) _____
VP _____	_____	( ) _____
Sec. _____	_____	( ) _____
Treas. _____	_____	( ) _____

DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Term Expires</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## FINANCIAL STATEMENT

<p>1. Amount of ledger assets per line 12, page 5, last year's statement . .</p>			
INCOME			
2. Gross receipts from assessments . . . . .			
3. Gross membership, cancellation and policy Fees . . . . .			
4. Assessments paid in advance . . . . .			
5. Total assessments and fees (Lines 2, 3, & 4)			
6. Return on cancellations . . . . .			
7. Net amount received from members (Line 5 minus Line 6) . . . . .			
8. Interest on investment . . . . .			
9. Other interest . . . . .			
10. Rents (including \$_____ for own occupancy) . . . . .			
11. Borrowed money . . . . .			
12. Liability Premiums.....			
From all other sources. (Itemize). . . . .			
12. . . . .			
13. . . . .			
14. . . . .			
15. . . . .			
16. . . . .			
17. Total Income (Lines 7 through 16) . . . . .			
18. Total (Line 1 plus Line 17) . . . . .			

## DISBURSEMENTS

1. Amount brought forward from line 18, page 3 .....			
2. Gross losses paid .....			
3. Less discount and salvage .....			
4. Less recovered from reinsurance .....			
5. Net losses paid (Line 2 minus total of lines 3 and 4) .....			
6. Adjusting expense .....			
7. Legal expenses on losses .....			
8. Commissions paid to agents .....			
9. Fees retained by agents .....			
10. Salaries of agents .....			
11. Expenses of agents .....			
12. Salaries and expenses of directors & officers ..			
13. Salaries of office employees .....			
14. Rent .....			
15. Repair on real estate .....			
16. Taxes on real estate .....			
17. Insurance department licenses & fees .....			
18. All other taxes .....			
19. Advertising, printing & stationery .....			
20. Telephone & postage .....			
21. Reinsurance premiums paid .....			
22. Interest on borrowed money .....			
23. Liability Premiums.....			
Other Expenses (Itemize) .....			
23.....			
24.....			
25. Total expenses (Lines 6 through 24) .....			
26. Borrowed money repaid .....			
27. Agents' balances charged off .....			
28. Other disbursements (Itemize) .....			
29.....			
30. Total disbursements (Total of line 5 plus lines 25 through 29) .....			
31. Balance (Line 1 minus line 30). See footnote .....			

**IMPORTANT: This statement cannot be correct unless amounts shown at line 31, page 4, and line 12, page 5 are equal.**

**LEDGER ASSETS**

1. Book value of real estate . . . . .
2. Mortgage loans on real estate, first liens . . . . .
3. Bonds . . . . .
4. Preferred Stocks . . . . .
5. Common Stocks . . . . .
6. Cash in office . . . . .
7. Certificates of Deposit . . . . .
8. Other Cash Deposited in Banks . . . . .
9. Agents' balances on business written subsequent to Oct. 1<sup>st</sup> of current year
10. Agents' balances on business written prior to Oct. 1<sup>st</sup> of current year . . . . .
11. Other Assets (Itemize) . . . . .
12. Total ledger assets (Lines 1 through 11) (See footnote on page 4) . . . . .


**NON-LEDGER ASSETS**

13. Interest due or accrued on investments . . . . .
14. Unpaid assessments levied on or after Oct. 1<sup>st</sup> of current year . . . . .
15. Unpaid assessments levied prior to Oct. 1<sup>st</sup>. . . . .
16. Furniture, \$ \_\_\_\_\_ & supplies, \$ \_\_\_\_\_ . . . . .
17. . . . .
18. Gross assets (Lines 12 through 17). . . . .


**DEDUCT ASSETS NOT ADMITTED**

19. Agents' balances representing business written prior to Oct. 1 . . . . .
20. Furniture & supplies . . . . .
21. Deposits in failed banks . . . . .
22. . . . .
23. Total assets not admitted. (Lines 19 to 22)
24. Total admitted assets. (Line 18 minus Line 23) . . . . .



**LIABILITIES**

25. Amount of losses adjusted and unpaid, (Number \_\_\_\_\_). . . . .
26. Amount of claims reported but not adjusted, (Number \_\_\_\_\_). . . . .
27. Amount of claims resisted and in litigation, (Number \_\_\_\_\_). . . . .
28. TOTAL Lines 25 through 27. . . . .
29. Less reinsurance . . . . .
30. Net unpaid losses (Line 28 minus Line 29) . . . . .
31. Unearned premiums . . . . .
32. Unpaid salaries and commission. . . . .
33. Borrowed money \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_
34. Other Liabilities (Itemize) . . . . .
35. Total liabilities (Lines 30 through 34) . . . . .


GENERAL INTERROGATORIES

1. Were all the transactions of which notice had been received at the home office at the close of business December 31<sup>st</sup> truthfully and accurately entered on its books for and during the year ending upon that date?  
\_\_\_\_\_
2. Do the Articles of Incorporation or By-Laws provide for additional assessments?\_\_\_\_\_, for unlimited assessments?\_\_\_\_\_ ; for pro-rating losses?\_\_\_\_\_
3. State loss ratio % for each of the latest five years (page 4, line 5 ÷ (page 3, line 7 – page 4, line 21)).  
Yr.\_\_\_\_, \_\_\_\_%; Yr.\_\_\_\_, \_\_\_\_%; Yr.\_\_\_\_, \_\_\_\_%; Yr.\_\_\_\_, \_\_\_\_%; Yr.\_\_\_\_, \_\_\_\_%
4. What commissions, if any, are paid to the officers in addition to their salaries?\_\_\_\_\_
5. Provide a list of every county in which the Association wrote business during the year. Do not include counties where the sole policy type issued is a liability policy that is issued by another insurer and sold by the Association. \_\_\_\_\_
6. Does the Association have a net exposure in any one risk, after reinsurance, greater than 1/8<sup>th</sup> of 1% of its insurance in-force? Yes\_\_\_\_\_, No\_\_\_\_\_
7. State largest amount insured in any one risk “after” deducting for reinsurance. \$ \_\_\_\_\_
8. State largest amount insured in any one risk “before” deducting for reinsurance. \$ \_\_\_\_\_
9. State the aggregate risk limit “after” reinsurance for all businesses. \$ \_\_\_\_\_
10. Identify all reinsurers and the coverage provided (Excess of Loss, Facultative, Quota Share, etc.) \_\_\_\_\_
11. Identify security custodian(s) if your securities are not held directly by your association. \_\_\_\_\_
12. Identify all investment managers or brokers to manage investments. \_\_\_\_\_
13. Are annual meetings of the members held on or before June 30<sup>th</sup> of each year as required by law? \_\_\_\_\_
14. Have the books been kept open after the close of business December 31<sup>st</sup> last for the purpose of making any entry affecting this statement? \_\_\_\_\_

15. Show below the cost per \$1,000.00 for each of the preceding years for the following coverage if written.

<u>Year</u>	<u>Fire, Lightning &amp; Windstorm</u>	<u>Fire &amp; Lightning</u>	<u>Windstorm</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

16. Has the policy now used by the company been approved by the Director of Insurance? \_\_\_\_\_
17. What kinds of property does the association insure? \_\_\_\_\_  
\_\_\_\_\_
18. What kind of risks does the association cover? (Fire, Hail, Etc.) \_\_\_\_\_  
\_\_\_\_\_
19. Give date of latest examination by Department of Insurance \_\_\_\_\_
20. On what terms are expired policies renewed? \_\_\_\_\_  
\_\_\_\_\_
21. Are policies perpetual or limited term? \_\_\_\_\_

INSURANCE EXHIBIT

1. In force January 1<sup>st</sup> of the year for which this report is made (Must correspond with previous report) \$ \_\_\_\_\_
2. Written during the year. (Itemize)
 

	New	Renewal
3. Fire, lightning & windstorm . . . . .	\$ _____	\$ _____
4. Fire & lightning only . . . . .	\$ _____	\$ _____
5. Hail on growing crops . . . . .	\$ _____	\$ _____
6. . . . .	\$ _____	\$ _____
7. . . . .	\$ _____	\$ _____
8. . . . .	\$ _____	\$ _____
9. Total written and renewed during the year (Lines 2 through 8) . .		\$ _____
10. Total (Line 1 plus Line 9) . . . . .		\$ _____
11. Deduct expirations & terminations during the year (Itemized) . . . .		
12. Fire, lightning and windstorm . . . . .	\$ _____	
13. Fire and lightning only . . . . .	\$ _____	
14. Hail on growing crops . . . . .	\$ _____	
15. . . . .	\$ _____	
16. . . . .	\$ _____	
17. . . . .	\$ _____	
18. Total deducted as expired and terminated (Lines 11 through 17) . .		\$ _____
19. In force at the end of the year (Line 10 minus 18) . . . . .		\$ _____

STATE OF NEBRASKA )  
 ) ss  
 \_\_\_\_\_ County )

\_\_\_\_\_  
 President and \_\_\_\_\_  
 Secretary of the within named association, being duly sworn, depose and say, and each for himself says, that they are the above described officers of the said association and that the within and foregoing statement is a correct exhibit of the business of said association for the year ending on the 31<sup>st</sup> day of December last, according to the best of their information, knowledge and belief respectively.

\_\_\_\_\_  
 President  
 \_\_\_\_\_  
 Secretary

Subscribed in my presence and sworn to before me, by \_\_\_\_\_, as President and \_\_\_\_\_, as Secretary of the above named association this \_\_\_ day of \_\_\_\_\_.

WITNESS my hand and Notarial Seal

\_\_\_\_\_  
 NOTARY PUBLIC