

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
PRODUCER-CONTROLLED ANNUAL REPORT FOR THE
YEAR ENDING DECEMBER 31, _____**

INSTRUCTIONS: All property and casualty insurers licensed in Nebraska and domiciled in Nebraska, and in jurisdictions other than the U.S. are required to complete this form on April 1 of each year for each producer who "controls" such insurer, pursuant to Neb. Rev. Stat. § 44-5701 et seq., as amended, the Producer- Controlled Property and Casualty Insurer Act. **Return report to Nebraska Department of Insurance, P. O. Box 95087, Lincoln, NE 68509-5087.**

SECTION I

Controlled Insurer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION II

Name of Controlling Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. What is the aggregate amount of gross written premium on business placed with the controlled insurer by the controlling producer as of December 31 of the prior year? \$ _____
2. What is the amount of the controlled insurer's admitted assets as reported in the annual statement as of December 31 of the prior year? \$ _____
3. What is the percentage of the gross written premium of the controlled insurer's admitted assets? \$ _____
4. What is the amount of commission the controlled insurer paid to the controlling producer for the placement of insurance as of December 31 of the prior year? \$ _____
5. What is the percentage such amount represents of the net premiums written (See Line 4) _____%
6. What are the comparable amounts and percentages paid To non-controlling producers for placements of the same Kinds of insurance as of December 31 of the prior year?
Commissions Paid \$ _____
Percentage _____%
7. Attach an opinion of an independent casualty actuary or such other independent loss reserve specialist acceptable to the Director of the Nebraska Department of Insurance reporting loss ratios for each line of business written and attesting to the adequacy of the loss reserves established for losses incurred and outstanding as of year end, including losses incurred but not reported and loss-adjustment expenses, on business placed by the controlling producer.

Signature: _____