

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

December 6, 2010
Bulletin Number FS-4SL-10

TO: ALL ELIGIBLE SURPLUS LINES INSURERS

SUBJECT: 2010 and 2011 FINANCIAL REPORTING REQUIREMENTS

Section 38a-740-6(b)(1) of the Regulations of Connecticut State Agencies requires that each foreign eligible surplus lines insurer shall, annually, on or before the first day of March, submit to the Commissioner, by electronically filing with the National Association of Insurance Commissioners ("NAIC"), a true and complete report, signed and sworn to by its president or a vice-president, and secretary or an assistant secretary, of its financial condition on the thirty-first day of December next preceding, in such form and with such detail as is prescribed by the Commissioner. An electronically filed report that is timely submitted to the NAIC is deemed to have been submitted to the Commissioner in accordance with this subdivision.

Section 38a-740-6(b)(2) of the Regulations of Connecticut State Agencies requires that each alien insurer shall file annually, on or before the fifteenth day of May, a true and complete report, signed and sworn to by its president or a vice-president, and secretary or an assistant secretary, of its financial condition on the thirty-first day of December next preceding, in such form and with such detail as is prescribed by the Commissioner. Alien companies may report their annual financial results on the same form as the United States domiciled companies or, in its place, Connecticut Form SL-6, a copy of which is attached.

As provided in the Regulations of Connecticut State Agencies §38a-740-6(b)(3) foreign eligible surplus lines insurers will be required to report their financial condition on a quarterly basis in 2011 to this Department in the same manner as noted above. These reports are to include a breakdown of the company's Connecticut business showing premiums and losses by line (same format as page 19 of the Annual Statement but with current year-to-date amounts). Quarterly filings are to be made as follow:

<u>Quarter Ending</u>	<u>Due Date</u>
March 31, 2011	May 15, 2011
June 30, 2011	August 15, 2011
September 30, 2011	November 15, 2011

All companies are required to include a completed Connecticut Form SL-10 as a part of their annual and quarterly filings. A copy is attached.

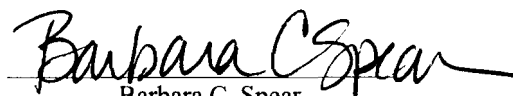
All mail, including certified and registered mail, should be sent to the Financial Regulation Division, at the following address:

P.O. Box 816
Hartford, CT 06142-0816

Mail sent by private delivery service should be sent directly to our address:

153 Market Street, 7th Floor
Hartford, CT 06103

If you have any questions on this bulletin, you may contact the Financial Regulation Division at (860) 297-3814 or ctinsdept.financial@ct.gov.


Barbara C. Spear
Acting Insurance Commissioner

5. List all liabilities in the United States. Indicate those in Connecticut.

6. List all liabilities to parents, affiliates and subsidiaries.

7. Total capital _____ Total reserves (surplus)

8. Complete the following:
All Business:

Line of Business	Direct Written Premiums	Net Written Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire						
Accident						
Marine						
Aviation						
Transport						
Other						
Life						
Total						

Expenses less income not charged to underwriting _____ *

*The total of these two items to agree with the profit and loss account reported in the Company's reports and accounts for the current year.

United States Business:

Line of Business	Direct Written Premiums	Net Written Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire						
Accident						
Marine						
Aviation						
Transport						
Other						
Life						
Total						

Connecticut Business:

Line of Business	Direct Written Premiums	Net Written Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire						
Accident						
Marine						
Aviation						
Transport						
Other						
Life						
Total						

Statement must be signed and sworn to by its president or a vice-president and secretary or an assistant secretary.

FORM SL-10

CONNECTICUT PREMIUMS BY BROKER

Period _____ 20 to _____ 20

NAME OF COMPANY

CONTACT PERSON _____ PHONE

ADDRESS

NAME & ADDRESS BROKER (A)	INSURED NAME (B)	DIRECT PREMIUM (C)	RETURN PREMIUM (D)	DIRECT PREMIUM LESS RETURN PREMIUM (E)

TOTAL

INSTRUCTIONS - SL-10

1. INDICATE REPORTING PERIOD DATES
2. FILL OUT FULL NAME OF COMPANY
3. INDICATE THE NAME AND ADDRESS OF A PERSON WHO MAY BE CONTACTED WITH REFERENCE TO SUCH FORM
4. LIST EACH BROKER AND THE BROKER'S ADDRESS
5. LIST INSUREDS CORRESPONDING TO #4 ABOVE
6. SUBTOTAL COLUMNS, C, D, AND E, FOR EACH BROKER LISTED

IF THE COMPANY ELECTS TO USE A FORMAT OTHER THAN THIS FORM FOR REPORTING (i.e. COMPUTER LISTING) THE REPORT MUST INCLUDE AT LEAST THE SAME COLUMNS AND SUBTOTALS AS THOSE SHOWN ON FORM SL-10.

USE AS MANY PAGES AS NECESSARY TO LIST ALL BROKERS YOUR COMPANY DOES BUSINESS WITH FOR PROPERTY OR RISKS LOCATED IN THE STATE OF CONNECTICUT.

NOTE: PREMIUMS SHOULD BE REPORTED ON A PER QUARTER BASIS AND ARE NOT TO BE CUMULATIVE: HOWEVER, THE SL-10 FIGURES FILED THROUGHOUT THE CALENDAR YEAR SHOULD ADD UP TO THE FIGURES REPORTED ON THE EXHIBIT OF PREMIUMS AND LOSSES (SAME FORMAT AS PAGE 19 OF THE ANNUAL STATEMENT) OF THE APPROPRIATE FINANCIAL STATEMENT. FOR EXAMPLE, FIRST QUARTER SL-10 PREMIUMS PLUS THE SECOND QUARTER SL-10 PREMIUMS SHOULD BE EQUAL TO PREMIUMS REPORTED ON THE EXHIBIT OF PREMIUMS AND LOSSES OF THE SECOND QUARTER FINANCIAL STATEMENT. THIS FORM SHOULD BE INCLUDED WITH ALL FINANCIAL STATEMENT FILINGS. THE FILING MADE WITH THE ANNUAL STATEMENT NEED ONLY CONTAIN INFORMATION FOR THE LAST QUARTER OF THE CALENDAR YEAR