



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

BULLETIN FS-4SL-08
November 21, 2008

TO: ALL ELIGIBLE SURPLUS LINES INSURERS
SUBJECT: 2008 and 2009 FINANCIAL REPORTING REQUIREMENTS

Section 38a-740-6(b) of the Regulations of Connecticut State Agencies requires that each eligible surplus lines insurer file an Annual Statement with this Department on or before March 1, 2009, in such form as is prescribed by the Insurance Commissioner. United States domiciled companies must file the 2007 edition of the Annual Statement blank as adopted by the National Association of Insurance Commissioners for the 2008 reporting year.

Companies not domiciled in the United States 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. The time by which these companies are required to file such reports has been extended from March 1, 2009 to May 15, 2009.

Annual Statements filed with this Department must be 8.5 x 14.

As provided in the Regulations of Connecticut State Agencies §38a-740-6(b), all eligible surplus lines insurers will be required to report their financial condition on a quarterly basis in 2009. These reports are to include a breakdown of the company's Connecticut business showing premiums and losses by line (same format as page 20 of the Annual Statement but with current year-to-date amounts). Quarterly filings are to be made as follows:

Period ended March 31, 2009 to be filed on or before May 15, 2009
Period ended June 30, 2009 to be filed on or before August 15, 2009
Period ended Sept. 30, 2009 to be filed on or before Nov. 15, 2009

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, should be sent to the Financial Regulation Division, at the following address:

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

Mail sent by a 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 or any of the enclosed documents, you may contact the Financial Regulation Division at (860) 297-3814 or cid.financial@ct.gov.

A handwritten signature in black ink, appearing to read "Thomas R. Sullivan".

Thomas R. Sullivan
Insurance Commissioner

**FORM SL-6
ANNUAL QUESTIONNAIRE
NON-UNITED STATES INSURERS**

Company Name _____

December 31, _____

This questionnaire is to be completed in United States dollars. Rate of exchange used?

1. List all assets and indicate whether carried at cost or market.

2. List all deposits in the United States and where deposited.

3. List all investments in parents, affiliates and subsidiaries.

4. List all liabilities.

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						

**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 20 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