

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) |
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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