

# CAPTIVE ANNUAL STATEMENT: PURE



Company Name: \_\_\_\_\_

Period Ending: \_\_\_\_\_

### TABLE OF CONTENTS

Jurat Page	1
Balance Sheet - Assets	2
Liabilities, Capital & Surplus	3
Statement of Income	4
Questionnaire	5 - 8

**NEVADA CAPTIVE ANNUAL STATEMENT: PURE  
ANNUAL REPORT FOR THE PERIOD ENDING**

Company Name  
Nevada License #

Employer's ID #

Organized under the laws of the State of  
For the insurance department of the State of  
Incorporated

Commenced Business

Statutory Home Office  
Main Administrative Office  
Mailing Address  
Statement Contact Name/Phone  
E-mail/FAX

**Officers - Name/Title**

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**Directors/Trustees**

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Original Filing Y / N  
State of

If No, Amendment number \_\_\_\_\_  
County of

The officers of this reporting entity, being duly sworn, each for himself deposes and says that they are the above described officers of the said insurer, and that on the last day of the period presented, all of the herein described assets were the absolute property of the said insurer, free and clear from any liens or claims thereon, except as stated, and that this annual statement, together with related exhibits, schedules, and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the date presented, and of its income and deductions there from for the year ended on that date, according to the best of their information, knowledge and belief, respectively.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name/Title

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20

Original Filing? Y/N

If No, Amendment number

\_\_\_\_\_  
Signature

Company Name: \_\_\_\_\_  
 Period Ending: \_\_\_\_\_

**BALANCE SHEET (GAAP BASIS)**  
**ASSETS**

	Current Year End	Prior Year End
Long Term Bonds		
Stocks - Common		
Stocks - Preferred		
Cash		
Savings/Certificates of Deposit		
Short Term Investments		
Other Invested Assets:		
1 _____		
2 _____		
Investment Income Due and Accrued		
Premiums Receivable		
Other Receivables		
Investments in and Advances to Affiliates		
Reinsurance Recoverable on Unpaid Losses & LAE		
Reinsurance Recoverable on Paid Losses & LAE		
Funds Held by Ceding Reinsurers		
Prepaid Reinsurance Premiums		
Other Prepaid Expenses		
Deposits with Reinsurer		
Letters of Credit		
Other Assets:		
1 _____		
2 _____		
3 _____		
<b>TOTAL ASSETS</b>		

Company Name: \_\_\_\_\_  
 Period Ending: \_\_\_\_\_

**BALANCE SHEET (GAAP BASIS)  
 LIABILITIES, CAPITAL AND SURPLUS**

	Current Year End	Prior Year End
Losses		
Loss Adjustment Expenses		
Reinsurance Payable on Paid Losses & LAE		
Deposits Held Pursuant to Insurance Contracts		
Commissions, Expenses and Fees		
Taxes Payable		
Unearned Premium		
Reinsurance Balances Payable		
Loans and Notes Payable		
Amounts Due to Affiliates		
Funds Held Under Reinsurance Contracts		
Dividends Payable		
Other Liabilities:		
1 _____		
2 _____		
3 _____		
<b>TOTAL LIABILITIES</b>		
Capital and Surplus:		
1 Paid in Capital (Par Value)		
Contributed		
2 Surplus		
3 Unrealized Gain (Loss) on Investments		
4 _____		
5 _____		
Unassigned Funds (Accumulated Earnings)		
<b>TOTAL CAPITAL AND SURPLUS</b>		
<b>TOTAL LIABILITIES, CAPITAL AND SURPLUS</b>		

Company Name: \_\_\_\_\_  
 Period Ending: \_\_\_\_\_

**STATEMENT OF INCOME  
 (GAAP BASIS)**

	Current Year End	Prior Year End
<b><u>Underwriting Income</u></b>		
Net Premiums Written		
Net Increase (Decrease) in Unearned Premium		
Net Premiums Earned		
Other Insurance Income		
<b>Total Underwriting Income</b>		
<b><u>Underwriting Expenses</u></b>		
Net Losses Incurred		
Net Loss Adjustment Expenses Incurred		
Commissions and Brokerage		
General and Administrative		
Other Underwriting Expenses		
<b>Total Underwriting Expenses</b>		
<b>Underwriting Gain (Loss)</b>		
Net Investment Income		
Other Income		
Other Expenses		
<b>Income Before Dividends and Taxes</b>		
Dividends		
Taxes		
<b>Net Income (Loss)</b>		

Company Name:  
Period Ending:

QUESTIONNAIRE

Part 1 - Financial

1 Name of the company, corporation or association which directly or indirectly owned or controlled the captive insurance company as of year-end.

2 CAPITAL STOCK OF CAPTIVE

CLASS	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES OUTSTANDING	PAR VALUE
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Common

Preferred

3 Name and address of approved manager (include firm name):

Has been under contract since

4 Name and address of approved actuary (include firm name):

Has been under contract since

5 Name and address of approved independent CPA (include firm name):

Has been under contract since

6 Name and address of resident registered agent:

Has been under contract since

7 Have all transactions of the captive of which notice was received at the home office on or before the close of business on the date shown been truthfully and accurately entered on its books?  
(YES/NO) If no, please explain.

8 Largest "net" amount insured in any one risk:

Per Occurrence

Aggregate

9 Has the "net" aggregate increased over last years? (YES/NO)

If yes, by what amount?

Company Name:  
Period Ending:

Page 6

QUESTIONNAIRE (Continued)

- 10 Has any change been made during the year of this statement in the charter, by-laws or articles of association? (YES/NO)
- 11 Have all assets been valued in accordance with GAAP? (YES/NO)  
If SAP, please explain
- 12 Has the company adopted a yearly conflict of interest procedure for officers, directors and key employees as required by NAC 694C.290? (YES/NO)  
If no, please explain
- 13 Has the company changed its plan of operation during the year? (YES/NO)  
If yes, please explain.
- 14 Have losses been discounted? (YES/NO)  
If yes, what interest rate was used?  
What was the total amount of the discount?
- 15 Were any of the assets of the company pledged as collateral at any time during the year? (Ignore assets pledged as security for ceding insurers) (YES/NO)  
If yes, attach a description of the transactions as a supplement to this filing.
- 16 Is the company writing or assuming unrelated business? (YES/NO)
- 17 If the answer to 16 above is yes, what is the percentage to the total business written and assumed? %
- 18 What other services does the approved independent CPA firm provide to the Captive Corporation?
- 19 Does the approved actuary, who certifies as to the adequacy of loss reserves at year end also compute the monthly or quarterly reserves of the Captive? (YES/NO)
- 20 Has the company changed its auditors or actuaries from the previous year? (YES/NO)  
If yes, explain why

Company Name:  
Period Ending:

QUESTIONNAIRE (Continued)

- 21 Does the company issue assessable policies? (YES/NO)
- 22 For pure captives which have received permission to file using fiscal years other than the calendar year, enter the first fiscal year end after the election was granted.
- 23 List the company's top five service providers and their function(s) (ie - Claims Processing, Risk Manager, TPA, etc):
- Provider:
- Function(s):
- Provider:
- Function(s):
- Provider:
- Function(s):
- Provider:
- Function(s):
- Provider:
- Function(s):
- 24 Have any changes been made to the Company's service providers during the year? (YES/NO) If yes, give brief description of the change:
- 25 Has the company entered into any financial insurance or financial reinsurance contracts? (YES/NO) If yes, give brief description of the change:
- 26 If answer to 24 above is yes, describe the arrangement, including amounts received, amounts paid, imputed interest and the companies involved.

Company Name:  
Period Ending:

Page 8

QUESTIONNAIRE (Continued)

27 Do the Company's assets include a loan-back to its parent or affiliates? (YES/NO)

If yes, please answer the following:

- (a) Amount of the loan-back as of the end of the year
- (b) Describe the terms of the loan:
- (c) Was the loan-back approved ? (YES/NO)  
If no, explain why
- (d) Has the loan been repaid according to the terms? (YES/NO)
- (e) Provide copies of current financial statements of the Company's parent.
- (f) Provide current financial statements on any affiliates to which loan-backs have been made.