

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL FILING STATEMENT
FOR PUBLICLY HELD CORPORATIONS - SEC FILINGS**

(Service Warranty Association)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

200 East Gaines Street
Tallahassee, FL 32399

FOR PERIOD ENDED

December 31, 20__

December 31 Due May 1

GENERAL INFORMATION AND INSTRUCTIONS

1. Please complete this form and attach the corresponding Quarterly or Annual Report as filed with the U.S. Securities & Exchange Commission (SEC), and submit to the Office of Insurance Regulation (OIR). This form and your company's latest SEC Quarterly or Annual Report is due by the respective dates shown on the Cover Page.
2. This form is necessary for the implementation of Section 634.416(1), Florida Statutes. In the event your company elects not to avail itself of the exemption from OIR examinations and reporting requirements, please advise. If the election to take the exemption as stated in Section 634.416(1), Florida Statutes, is not made, then you will be required to file an Annual Statement (OIR-A3-456) and Quarterly Reports (OIR-A3-457) pursuant to Section 634.415, Florida Statutes. **YOU MUST ADVISE THE OFFICE OF ANY CHANGE TO YOUR ELECTION PRIOR TO MARCH 1 EACH YEAR.**
3. On page 4 of the Annual Report Form OIR-A3-458 is the invoice for the annual filing fee of \$2,000.00 that should be submitted to the address shown thereon, and received on or before May 1.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
7. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
8. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
9. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
10. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the OIR. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
11. Please print, sign, notarize and upload a PDF version of Page 4 under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

REPORTING REQUIREMENTS

For publicly held corporations filing SEC forms, it is requested that you provide this office the following information on an Annual and Quarterly basis: **Re: Sections 634.406, 634.415 & 634.416, Florida Statutes.**

- 1. Provide the dollar amount of the gross written premiums in force wherever written:

_____ \$ _____

- 2. Provide the dollar amount of the gross written premiums in force in Florida:

_____ \$ _____

- 3. Provide the dollar amount of the reserves established for (1) above, 25% of the gross written premiums in force wherever written:

\$ _____

- 4. Provide a list of the assets funding this reserve:

- 5. Provide a list of the assets on deposit with the Department of Financial Services, Bureau of Collateral Management (10% of the gross written premiums in force in Florida):

- 6. If the company relies on a contractual liability insurance policy with an authorized insurer, please check here:

- 7. Provide the net worth of the company at the end of the reporting period:

\$ _____

NOTE: Questions 1 through 7 should be received Annually on May 1, and each Quarter on or before May 15, August 15, and November 15. This statement must be signed by the appropriate corporate officers, have the corporate seal affixed thereon, and be properly notarized.

Company Name:

Period Ending: December 31, 20__

SEC FILINGS

This form with all documents and the required filing fee must be received by the Office on or before May 1 of each year.

We represent to the Florida Office of Insurance Regulation that the attached SEC Filing and any and all amendments thereto are true and correct as filed with the United States Securities and Exchange Commission.

President

Chief Financial Officer

Treasurer

The foregoing instrument was acknowledged before by means of physical presence or online notarization,

_____ day of _____, 20____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

**FOR OFFICE OF INSURANCE REGULATION USE ONLY
ANNUAL - FILING FEE OF \$2,000.00**

Print this page and mail with check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
Specialty Product Administration
Post Office Box 6100
Tallahassee, Florida 32314-6100

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
	\$2,000.00	10	38	(TREASURY ACCOUNT) 3001		

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SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final