



**D. FINANCIAL STATEMENTS — FOR RENEWALS ONLY**

1. Gross Premiums Received for the year ending December 31, 20\_\_\_\_, (\$000): \_\_\_\_\_
2. Reinsurance Assumed for the year ending December 31, 20\_\_\_\_, (\$000): \_\_\_\_\_
3. Reinsurance Ceded for the year ending December 31, 20\_\_\_\_, (\$000): \_\_\_\_\_
4. Net Premiums Received for the year ending December 31, 20\_\_\_\_, (\$000): \_\_\_\_\_
5. Name of Auditor: \_\_\_\_\_
6. Address: \_\_\_\_\_  
\_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Attach latest financial statements including a balance sheet and income statement.

**E. ACTUARIAL STATEMENTS**

1. Name of Actuary: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Attach the latest actuarial statement.

**CERTIFICATION**

I, the undersigned, hereby certify that the foregoing statements are true, correct and compete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED  
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