

2010 Statutory Page 14 Reconciliation Report

Direct Premiums Written	Direct Losses Paid
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Line 1, Fire

Dwelling	_____	_____
Farm & Ranch	_____	_____
Other	_____	_____
Total	_____	_____

Line 2.1 Allied Lines

Dwelling	_____	_____
Farm & Ranch	_____	_____
Other	_____	_____
Total	_____	_____

Line 3, Farmowners Multi - Peril

_____	_____
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Line 4, Homeowners Multi - Peril

Other	_____	_____
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Name of Company	_____
NAIC Company Number	_____
Name of Contact Person	_____
Phone Number	_____

*THIS REPORT MUST BE COMPLETED FOR EACH ADMITTED COMPANY IN THE GROUP.
PLEASE MAKE AS MANY COPIES OF THIS BLANK REPORT AS IS NECESSARY.*