

Date: _____

*REPORT OF 20XX PREMIUMS FOR USE IN DETERMINING MEMBER PARTICIPATION - 20XX ASSOCIATION YEAR

	<u>Fire Line 1</u>	<u>Allied Lines Line 2.1</u>	<u>Homeowners Line 4</u>	<u>Commercial Lines 5.1+5.2</u>	<u>Total</u>
1. Direct 2017 Premiums Written - Column 1, Page 19, of AL Annual Statement	_____	_____	_____	_____	_____
2. Add Industrial Fire & Allied Lines Prens. (Weekly/Monthly Debit Business)	_____	_____	_____	_____	_____
3 SUBTOTAL (1 + 2)	_____	_____	_____	_____	_____
4. Less the Following if Included in Lines 1 and 2 above:					
A. Farm Property	_____	_____	_____	_____	_____
B. Time Element	_____	_____	_____	_____	_____
C. Premiums Other Than EXTENDED COVERAGE Reported as ALLIED LINES in Annual Statement - EXPLAIN IN DETAIL ON REVERSE SIDE.	_____	_____	_____	_____	_____
D. Unused or Unabsorbed Portion of Premium Deposits	_____	_____	_____	_____	_____
E. Automobile Premiums included in Homeowners and in Commercial Multiple Peril Policies, if any	_____	_____	_____	_____	_____
F. Dividends Paid or Credited to Policyholders on Direct Business	_____	_____	_____	_____	_____
G. Premiums for policies that exclude the peril of wind	_____	_____	_____	_____	_____
5 SUBTOTAL (A+B+C+D+E+F+G)	_____	_____	_____	_____	_____
6. SUBTOTAL (Line 3 Less Line 5)	_____	_____	_____	_____	_____
7. LESS					
25% of Homeowners - Line 6			_____		_____
50% of Commercial Multiple Peril - Line 6				_____	_____
8. TOTAL - Premium for Participation	=====	=====	=====	=====	=====

For Reference Only

*PLEASE FURNISH A COPY OF YOUR PAGE 19
FROM ALABAMA ANNUAL STATEMENT (S)

REPORT DUE BY MARCH 31, 20XX

Company or Group (List Cos on Back if Group)
NAIC# _____

By: _____
Telephone# _____
Fax #: _____
E-Mail: _____

EXPLANATION OF ITEMS LISTED ON LINE 4 C:

List each item/peril separately. Do not deduct premiums for coverage against any of the perils insured under Extended Coverage. Do not deduct your percentage share of Alabama Insurance Underwriting Association premiums. See letter of Transmittal.

For Reference Only

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

LIST COMPANIES IN GROUP (IF GROUP REPORT):