



Office of Insurance Regulation

**FLORIDA
COMPANY CODE:
6 5 _____**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:
_____ - _____**

**ANNUAL REPORT FOR
MOTOR VEHICLE MANUFACTURERS**

(NAME OF THE MOTOR VEHICLE MANUFACTURER)

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

200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR THE YEAR ENDED

_____, 20 ____

GENERAL INFORMATION AND INSTRUCTIONS

1. This report must be filed electronically through the Regulatory Electronic Filing System (REFS). Paper reports are not accepted as complying with the filing requirement.
2. Either Adobe Reader 7.0.5 or higher, or Adobe Acrobat Standard/Professional 7.0.5 or higher is required to properly complete the filing. Further information is available at the following link:
http://www.floir.com/pdf/REFS_Adobe_LiveCycle_Instructions_r.pdf
3. A session key was assigned when you downloaded this report. This session key has an expiration date and time. **Any data that is not saved or submitted prior the expiration time will be lost.**
4. Please complete:
 - a. The **Invoice**, attach a check for the filing fee of \$100, and mail to the address shown on the **Invoice**. The payment must be received by the Office of Insurance Regulation no later than March 1. A copy of the invoice and check must be attached to this filing.
 - b. The **Request for Exemption from Examination** (Form OIR-A3-1985), attach a check for the filing fee of \$2,000 and mail to the address shown on the Invoice. The payment must be received by the Office of Insurance Regulation no later than March 1. A copy of the invoice and check must be attached to this filing.
5. Two boxes are shown in the upper right hand corner of each report page. Clicking on the box beside "Highlight Fields" shades all places in which data may be entered. Clicking on the box beside "Highlight Required Fields" shades those areas where data must be entered to submit the form, based on previous entries on the form.
6. Please enter all numeric fields with numbers only. Commas, dashes, dollar signs, are not permitted.
7. Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response.
8. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the applicable report item. 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 uploaded and attached to the filing as the appropriate Component Named document or as a Miscellaneous Document. If posted as Miscellaneous Document, be sure to assign a descriptive Name to the document.
9. "Save" and "submit" buttons are provided on the last page of this report. Pressing the "s" key while pressing the "ALT" key will display the last page. Clicking the "Save" button will be save the data to our website, but not to your computer. **It is strongly recommended that you save your data periodically as you fill in this form.** Confirmation messages are sent when data is successfully saved or submitted.
10. Saving or submitting causes data to be verified for completeness, and you will be notified if errors have occurred. Validation errors must be corrected in order to submit the data. Once the data is successfully submitted, changes or **additions must be made by amending the online filing.**
11. Please print, sign, notarize and scan the STATEMENT page (see next page); then upload the PDF version of the signed/notarized page as the **Signed Jurat Page.**

Company Name: _____

Period Ending: _____

Please see #11 of the Instructions Page.

Company Name: _____
 Company FEIN: _____ Florida Company Code: _____ Period Ending Date: _____
 State and Date of Incorporation/Organization: (State/Prov): _____ (Date): _____
 Date Licensed by the Office of Insurance Regulation: _____ (Date): _____
 Date Commenced Business: _____ (Date): _____

Address of Home Office:
 Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Address of Main Administrative Office:
 Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Mailing Address:
 Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Records Location (if different than Main Office):
 Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____

Address of Principle Florida Office:
 Street: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Phone: _____ Ext: _____ Fax: _____

Website: _____

Type of entity (check one)

- Corporation – For profit
- Corporation – Not for profit
- Partnership
- Sole proprietorship
- Limited liability company
- Other:

Contact Name: _____
 Contact Title: _____
 Phone: _____ Ext: _____ Fax: _____
 Email Address: _____

OFFICERS / DIRECTORS / MEMBERS

Show full name (initials not acceptable)

Chief Executive Officer _____
 President _____
 Vice President _____
 Secretary _____
 Treasurer / Chief Financial Officer _____
 Chairman of the Board _____

Directors / Members

STATE OF: _____

COUNTY OF: _____

_____, President, _____, Secretary,
 and _____, Chief Financial Officer (or corresponding person having charge of the

Financial records of the licensee, of the _____ being duly sworn
 each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated
 above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated,
 and that this report, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of
 all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for
 the period reported.

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

_____, day of _____, 20_____, _____ President/Owner
 Notary Public: _____

Commissioner Number: _____ Secretary

Expiration Date: _____ Treasurer/CFO

Company Name:

Period Ending:

Print this page

EXHIBIT I
Recap of FLORIDA Premium Written for the 12 Months Ending __/__/__

	1-Year or Less Contracts	2-Year Contracts	3-Year Contracts	4-Year Contracts	Others (5-Year or Longer)	Totals
Gross Written Premium Current Year	\$	\$	\$	\$	\$	\$
Less Cancellations and Refunds	()	()	()	()	()	()
Totals	\$	\$	\$	\$	\$	\$

EXHIBIT II
Recap of FLORIDA In-Force Premiums

	Number Of Warranties	Premium Received and Outstanding	Unearned Premium Reserve (UPR)	Amount of Premium Covered By CLP
In-Force end of prior year		\$	\$	\$
Audit adjustments to prior year				
Issued during the year				
Cancelled during the year	()	()	()	()
Expired during the year	()	()	()	()
Earned during the year			()	
In-force end of current year		\$	\$	\$

EXHIBIT III
Reported Claims Incurred - FLORIDA

EXCLUDING ALL IBNR CLAIMS	(1) Reported claims paid In the current year	(2) Total reported claims Unpaid	(3) Reported claims Unpaid at end of previous year	(4) Reported claims incurred current year (1+2-3=4)
Number				
Amount	\$	\$	\$	\$

Company Name:

Period Ending:

EXHIBIT VI
Claims Exposure - FLORIDA

	(1) Total Claims Paid	(2) Total Claims Covered by CLP	(3) % of Claims Covered by CLP
Florida	\$	\$	%

Company Name:

Period Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/pdf/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Period Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Period Ending:

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