

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL
STATEMENT
LEGAL EXPENSE
INSURANCE
CORPORATION
OF THE**

(Legal Expense Insurance Corporation)

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

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

Company Name:

Year Ending:

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
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 statement, 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 statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). 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. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. 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.
11. 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.**
12. 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.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. 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.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) 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.

Company Name:

Year Ending:

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

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 [] Sole proprietorship
[] Corporation - Not for profit [] Limited liability company
[] Partnership [] 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 statement, 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 _____ President/Owner
by means of [] physical presence or [] online _____
notarization _____ Secretary
day of _____, 20 _____
Notary Public: _____ Treasurer/CFO
Commission Number: _____
Expiration Date: _____

Print this page

Company Name:

Year Ending:

**BALANCE SHEET
ASSETS**

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule A, Page 7)	_____	_____	_____
2. Investments, Short Term (Schedule B, Page 8)	_____	_____	_____
3. Accounts Receivable, Trade (Schedule C, Page 8)	_____	_____	_____
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates	_____	_____	
b. From Officers, Director, Owners	_____	_____	
c. From Others	_____	_____	_____
d. Other Receivables	_____	_____	_____
e. Less: Reserve for Losses	(_____)	(_____)	(_____)
5. Prepaid Expenses	_____	_____	
6. Other (Identify) _____	_____	_____	_____
7. Total Current Assets	_____	_____	_____
NON-CURRENT ASSETS:			
8. Investments and Securities (Schedule B, Page 8)	_____	_____	_____
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates	_____	_____	
b. From Officers, Director, Owners	_____	_____	
c. From Others	_____	_____	_____
d. Less: Reserve for Losses	(_____)	(_____)	(_____)
10. Deferred Expenses	_____	_____	
11. Intangible Assets (Identify) _____	_____	_____	_____
12. Other (Identify) _____	_____	_____	_____
13. Total Non-Current Assets	_____	_____	_____
FIXED ASSETS:			
14. Real Estate Owned (Schedule D, Page 9)	_____	_____	_____
15. Computers [Section 625.012(11), F.S.]	_____	_____	_____
16. Less: Accumulated Depreciation	(_____)	(_____)	(_____)
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment	_____	_____	
b. Automobiles	_____	_____	
c. Leasehold Improvements	_____	_____	_____
d. Other (Identify) _____	_____	_____	_____
e. Less Accumulated Depreciation	(_____)	(_____)	
18. Total Fixed Assets	_____	_____	_____
19. TOTAL ASSETS:	_____	_____	_____

Company Name:

Year Ending:

**BALANCE SHEET
LIABILITIES AND NET WORTH**

CURRENT LIABILITIES:		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify)		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify)		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other (Identify)		
10. Total Current Liabilities		
LONG TERM LIABILITIES:		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify)		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify)		
15. Total Long Term Liabilities		
16. Total Liabilities		
NET WORTH:		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify)		
21. Less: Treasury Stock		
22. Total Net Worth		
23. TOTAL LIABILITIES AND NET WORTH		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
26. STATUTORY NET WORTH		

Company Name:

Year Ending:

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	_____
2. Interest Earned	_____
3. Other Income (Identify) _____	_____
4. Total Income	_____
EXPENSES	
5. Salaries	_____
6. Claims Expense	_____
7. Commissions	_____
8. General Expenses (Schedule F, Page 10)	_____
9. Total Expenses	_____
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	_____
11. Extraordinary Item (Explain) _____	_____
12. Federal and State Income Taxes	_____
13. Total Taxes & Extraordinary Items (Line 11 + Line 12)	_____
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 10 - Line 13 above)	_____
15. Retained Earnings, December 31, Previous Year	_____
16. Less: Distributions/Dividends Paid Out	(_____)
17. Other (Identify) _____	_____
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 19, Page 5)	_____

Company Name:

Year Ending:

**SCHEDULE F
General Expenses**

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 8, Page 6):	

Company Name:

Year Ending:

**SCHEDULE G
Unearned Premium Reserve**

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
Totals *					

* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

Company Name:

Year Ending:

**EXHIBIT I
Premium Earned**

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	(_____)
5. Unearned Premium as of	(_____)
6. Premiums Earned Year to Date (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

**EXHIBIT II
Legal Expense Plans in Place - Nationwide, Including FLORIDA**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

**EXHIBIT III
Legal Expense Plans in Place - FLORIDA Only**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5)	_____	_____

**EXHIBIT IV
Required Deposit for Legal Expense Plans in Place**

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of December 31, Current Year	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Year 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 statement 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.flcir.com/siteDocuments/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"/>
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								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year 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 statement 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"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Year Ending:

Office of Insurance Regulation
Specialty Product Administration

LEGAL EXPENSE INSURANCE CORPORATION

Licensee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Florida Company Code: _____

Federal Employer Identification Number: _____

Annual Statement Filing Fee

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100	10	30	F	3001

STAPLE CHECK FOR \$100.00 HERE

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
POST OFFICE BOX 6100
TALLAHASSEE, FL 32314-6100

[Print this page](#)

Company Name:

Year 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