PROPERTY & CASUALTY
COMPULSORY AND SECURITY
SURPLUS CALCULATION

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section Ins 51.80, Wis. Adm. Code

INSTRUCTIONS: This form is required as of March 31, June 30, and September 30. Complete it using data for the **12-month period** ending the last day of the current quarter. Failure to complete this form will result in disciplinary action. **Annual statement references are given only as a guide to the information requested as of quarter-end.** Send completed form with all quarterly statement filings to the above address, by the required quarterly filing date.

Insurer Name	NAIC Number

1. Complete the following for nationwide business:	A Individual Accident & Health	B Group Accident & Health	C All Other Insurance	D Totals Columns A + B + C
	(Line 15 + individual portion of Line 14)	(Line 13 + group portion of Line 14)	(Line 34 less sum of LInes 13, 14, and 15)	(Line 34, Column 1)
a. Net Premiums Written (From Annual Statement, Page 7, Column 1)				**
b. Dividends, etc. Itemize in Columns A, B, and C (Total from Annual Statement, Page 4, Line 16, Column 1 should agree with Column D Total)				**
c. Subtotal (Line a less Line b)				
d. Factor*	.15	.10	.20	NA
e. Totals (Line c X Line d)				NA

2. Compulsory Surplus (Enter total of Line 1e., Columns A + B + C Note: For insurers first authorized to do business in Wisconsin on or after January 1, 1982, do not enter less than $2 million)	
3. Total Premium (Enter total from Line 1c., Column D)	
4. Security Surplus Factor (Enter percentage from attached Table of Security Surplus Percentages, basing percentage on premium entered in Line 3 above)	%
5. Security Surplus (Line 2 X Line 4 above)	

* If a Compulsory Surplus Order has been issued on this company, adjust these factors to be in compliance with the terms of the Order.

** Should agree with amount from current quarterly statement plus amount from previous annual statement less amount from quarterly statement of one year prior.

Insurer Name

6. Comparison of Assets Less Liabilities to Compulsory and Security Surplus

a. Assets (may include investment in insurance subsidiaries only to the extent that the value of any insurance subsidiary owned by this company exceeds that subsidiary's security surplus)	
b. Liabilities (Quarterly Statement, Page 3, Line 23)	
c. Subtotal (Line 6.a. less Line 6.b.)	
d. Compulsory Surplus (Line 2 above)	
e. Total Excess (Deficiency) (Line 6.c. less Line 6.d.)	

f. Assets Less Liabilities (Line 6.c.)	
g. Security Surplus (Line 5 above)	
h. Total Excess (Deficiency) (Line 6.f. less Line 6.g.)	

The above is a true and accurate representation of the compulsory and security surplus requirements of the above-named insurer.

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

TABLE OF SECURITY SURPLUS PERCENTAGES

Premiums Written* More Than	Premiums Written* Less Than	Security Surplus %
0	43	140
43	76	139
76	109	138
109	142	137
142	175	136
175	208	135
208	241	134
241	274	133
274	307	132
307	340	131
340	373	130
373	406	129
406	439	128
439	472	127
472	505	126
505	538	125
538	571	124
571	604	123
604	637	122
637	670	121
670	703	120
703	736	119
736	769	118
769	802	117
802	835	116
835	868	115
868	901	114
901	934	113
934	967	112
967	1000	111
1000		110

* Last 000000 omitted.