

**This Statement Must Be Filed Within 45 Days
After The Applicable Quarter Ends—s. 601.42, Wis. Stat.**

Late Filing Subject to Forfeiture—s. 601.64 (3), Wis. Stat.

For Office Use Only

No.
Audited By
Wrote
Date Approved

TOWN MUTUAL QUARTERLY STATEMENT

To the Commissioner of Insurance of the State of Wisconsin
For the Quarter Ending _____, 19____
of the condition and affairs of the

Insurance Company		
Home Office Address	City and Zip	Telephone No.
Manager	E-mail Address	

OFFICERS

President	Address (Street or Route, City, and Zip)
Vice President	Address (Street or Route, City, and Zip)
Secretary	Address (Street or Route, City, and Zip)
Treasurer	Address (Street or Route, City, and Zip)

DIRECTORS

Name	Address (Street or Route, City, and Zip)

Insurance Company	Quarter Ending
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**STATEMENT OF ADMITTED ASSETS, LIABILITIES
AND POLICYHOLDERS' SURPLUS**

LINE	ASSETS	(1)	(2)
		CURRENT QUARTER	PREVIOUS YEAR
1.	Cash in Company's Office	_____	_____
2.	Cash Deposited in Checking Account	_____	_____
3.	Cash Deposited at Interest	_____	_____
3A.	Total Cash and Invested Cash (Lines 1+2+3)	_____	_____
4.	Bonds (At Amortized Cost)	_____	_____
5.	Stocks or Mutual Fund Investments (at Market)	_____	_____
6.	Mortgage Loans on Real Estate	_____	_____
7.	Real Estate (Net of Accumulated Depreciation and Encumbrances)	_____	_____
8.	Other Invested Assets	_____	_____
8.1	Total Cash and Investments (L3A thru L8)	_____	_____
9.	a. Premiums and Agents' Balances in Course of Collection	_____	_____
9.	b. Premiums, Agents' Balances, and Installments Booked But Deferred and Not Yet Due	_____	_____
10.	Investment Income Due or Accrued	_____	_____
11.	Assessments Receivable	_____	_____
12.	Reinsurance Recoverable on Paid Losses and LAE	_____	_____
13.	Electronic Data Processing Equipment	_____	_____
14.	Fire Dues Recoverable	_____	_____
15.	Reinsurance Premium Recoverable	_____	_____
16.	Other Assets:		
	a. Reinsurance Contingent Commissions Receivable	_____	_____
	b. Federal Income Tax Refund Receivable	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
17.	TOTAL ADMITTED ASSETS (L8.1 thru L16)	=====	=====

Insurance Company	Quarter Ending
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**STATEMENT OF ADMITTED ASSETS, LIABILITIES,
AND POLICYHOLDERS' SURPLUS**

LIABILITIES AND SURPLUS

LINE	(1) CURRENT QUARTER	(2) PREVIOUS YEAR
1. Net Unpaid Losses		
2. Unpaid Loss Adjustment Expenses		
3. Commissions Payable		
4. Fire Department Dues Payable		
5. Federal Income Taxes Payable		
6. Borrowed Money Unpaid		
7. Interest Unpaid		
8. Unearned Premiums		
9. Reinsurance Payable		
10. Amounts Withheld for the Account of Others		
11. Payroll Taxes Payable (Employer's Portion Only)		
12. Other Liabilities:		
Expense-Related		
a. Accounts Payable		
b. Accrued Property Taxes		
c. Return Commissions Due Reinsurers		
d. _____		
e. _____		
Nonexpense-Related		
f. Premiums Received in Advance		
g. _____		
13. TOTAL LIABILITIES (L1 thru L12)		
14. Policyholders' Surplus		
15. TOTAL LIABILITIES AND POLICYHOLDERS' SURPLUS		

Insurance Company	Quarter Ending
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STATEMENT OF OPERATIONS

LINE	(1) CURRENT QUARTER	(2) PREVIOUS YEAR
1. Net Premiums and Assessments Earned		
Deductions:		
2. Net Losses Incurred		
3. Net Loss Adjustment Expenses Incurred		
4. Other Underwriting Expenses Incurred		
5. Total Losses and Expenses Incurred (L2 thru L4)		
6. Net Underwriting Gain (Loss) (L1 less L5)		
7. Net Investment Income:		
a. Net Investment Income Earned		
b. Net Realized Capital Gains (Losses)		
c. Total Investment Gain (Loss)		
8. Other Income (Expense):		
a. _____		
b. _____		
c. _____		
d. Gain (Loss) on Disposal of Fixed Assets		
9. Net Income (Loss Before Policyholder Dividends and Before Federal Income Taxes (L6+L7c+/-L8d)		
10. Policyholder Refunds or Dividends		
11. Net Income (Loss) Before Federal Income Taxes		
12. Federal Income Taxes Incurred		
13. Net Income (Loss)		

Insurance Company	Quarter Ending
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STATEMENT OF POLICYHOLDERS' SURPLUS

LINE	(1) CURRENT QUARTER	(2) PREVIOUS YEAR
1. Policyholders' Surplus, Beginning of Year		
GAINS AND LOSSES IN SURPLUS:		
2. Net Income (Loss) P4, L13		
3. Net Unrealized Capital Gain (Loss)		
4. Changes in Nonadmitted Assets		
a. Uncollected Premiums Over 90 Days Old		
b. Uncollected Assessments Over 90 Days Old		
c. Furniture and Fixtures		
d. Other:		
5. Other Changes in Surplus:		
a.		
b.		
6. NET CHANGE IN POLICYHOLDERS' SURPLUS (L2+L3+L4+L5)		
7. POLICYHOLDERS' SURPLUS, End of Quarter (L1+L6)		

Insurance Company	Quarter Ending
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STATEMENT OF CASH FLOW

LINE	(1) CURRENT QUARTER	(2) PREVIOUS YEAR
1. Net Premiums Collected		
2. Net Losses Paid		
3. Net Loss Adjustment Expenses Paid		
4. Other Underwriting Expenses Paid		
5. Net Cash from Underwriting (L1-L2-L3-L4)		
6. Net Investment Income:		
a. Investment Income Received		
b. Less Investment Expenses Paid		
c. Net Investment Receipts (L6a-L6b)		
7. Other Income (Expense)		
8. Policyholder Refunds (or Dividends)		
9. Federal income Taxes Recovered (Paid)		
10. Net Cash from Operations (L5+L6c+L7-L8+L9)		
11. Proceeds from Investments Disposed:		
a. Bonds		
b. Stocks and Mutual Funds		
c. Mortgage Loans		
d. Real Estate		
e. Other Invested Assets		
f. Total Investment Proceeds		
12. Other Cash Provided:		
13. Total Cash Provided (L10+L11f+L12)		
14. Cost of Investments Acquired:		
a. Bonds		
b. Stocks and Mutual Funds		
c. Mortgage Loans		
d. Real Estate		
e. Other Invested Assets		
f. Total Investments Acquired		
15. Other Cash Applied:		
16. Total Cash Applied (L14f+L15)		
17. Net Change in Cash and Invested Cash (L13-L16)		
Reconciliation:		
18. Cash and Invested Cash—P2 L3A		
a. Beginning of Year		
b. End of Quarter		
c. Net Change in Cash and Invested Cash		