

2009

Producer Controlled Insurer Reporting Form

BUSINESS TRANSACTED WITH PRODUCER CONTROLLED INSURER ACT
K.S.A. 40-37a01 et seq.

THIS FORM IS ONLY REQUIRED FROM INSURERS THAT ARE A "CONTROLLED INSURER" AS DEFINED IN THE KANSAS BUSINESS TRANSACTED WITH PRODUCER CONTROLLED INSURER ACT.

A SEPARATE REPORTING FORM MUST BE SUBMITTED FOR EACH CONTROLLING PRODUCER. COMPLETED COPIES OF THIS FORM ARE DUE ANNUALLY ON APRIL 1 OF EACH YEAR.

Reporting Insurer's Name:

Address:

City:

State:

Zip:

This Form Was Completed By:

Telephone Number:

Date Completed:

Name of Controlling Producer:

Address:

City:

State:

Zip:

1. Amount of commission paid to the producer:
2. The percentage such amount represents of the net premium written: %
3. Amount and percentage paid to noncontrolling producers for placement of the same kind of insurance:

Commission Paid	Percentage	%
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4. Attach the information required by subsection (d)(1) of K.S.A. 40-37a04:

An opinion of an Independent Casualty Actuary or Independent Loss Reserve Specialist acceptable to the Kansas Commissioner of Insurance, reporting loss ratios for each line of business written and attesting to the adequacy of loss reserves established for losses incurred and outstanding as of year-end, including incurred but not reported losses, on business placed by the Producer.

5. Our controlling producers have been notified of the requirements of the Kansas Business Transacted with Producer Controlled Insurer Act.

Yes No

SAMPLE ONLINE DOCUMENT