



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
350 Winter St. NE, Room 440, Salem, Oregon 97301-3883
Phone: (503) 947-7982, Fax: (503) 378-4351
E-mail: dcbs.inmail@state.or.us
insurance.oregon.gov

Financial Statement
for Legal Expense
Organization

Date:
Federal identification number:
Name of legal expense organization:
Address of principal place of business:
City: State: ZIP:
Mailing address:
Date of incorporation or formation:
Date on which organization commenced business:
Officers or partners:
Contact person:
Fax number: E-mail address:

Balance sheet

Assets*:

Table with 2 columns: Asset description and value. Rows include Securities, Cash, Short term investments, Accounts receivable, Notes receivable, Real estate, Mortgage loans, Electronic data processing equipment, Interest dividends and real estate income due and accrued, Receivable from parent, subsidiaries, or affiliates, Other invested assets, and Total assets.

*All investments are to be admitted according to applicable provisions of ORS chapter 733, Oregon Insurance Code. Please attach a schedule for each asset classification.

Liabilities and reserves:

Reserve for losses	_____
Unearned premium reserves (pursuant to ORS 750.615)	_____
Accounts payable.....	_____
Funds held for the account of others.....	_____
Other expenses (excluding taxes, licenses, and fees).....	_____
Taxes, licenses, and fees	_____
Borrowed money.....	_____
Payables to parent or affiliates.....	_____
Payable for securities	_____
Other liabilities (please attach explanation).....	_____
Total liabilities.....	\$ _____

Capital stock	_____
Paid-in surplus	_____
Earned surplus.....	_____
Total capital and surplus.....	\$ _____
Total liabilities, capital, and surplus	\$ _____
	\$ _____

Please attach a schedule providing details of the loss reserves as well as a schedule for the unearned premium reserves.

Statement of income and expense

Liabilities and reserves:

- | | | |
|--|----|--|
| 1. Gross premiums (less refunds)..... | | |
| 2. Less: unearned premiums | | |
| 3. Earned premiums | | |
| 4. Less: losses paid and reserved for period..... | | |
| 5. Less: underwriting expenses paid and payable for period | | |
| 6. Less: other underwriting expenses..... | | |
| 7. Net gain or loss from underwriting..... | \$ | |

Investment income:

- | | | |
|---|-----------|--|
| 8. Net investment income received and accrued in period | | |
| 9. Other investment income (please attach to schedule)..... | | |
| 10. Total investment income | \$ | |

Other income:

- | | | |
|---|-----------|--|
| 11. Finance and service charges not included in premiums..... | | |
| 12. Other miscellaneous income (please attach an explanation) | | |
| 13. Total other income..... | \$ | |

- | | | |
|--|--|--|
| 14. Net income before federal and foreign income taxes (Lines 7, 10, and 13) | | |
| 15. Federal and foreign income taxes paid and payable for the period) | | |
| 16. Net income loss (Line 14 minus line 15)..... | | |

Capital and surplus account reconciliation:

17. Capital and surplus, December 31 previous year..... _____

Additions:

18. Net income..... _____

19. Capital changes

19a. Paid-in _____

19b. Transfer from earned surplus..... _____

20. Surplus changes

20a. Paid-in _____

20b. Transfer from capital _____

21. Gain due to decrease in non-admitted assets for the period..... _____

22. **Total additions for the period** \$ _____

Deductions:

23. Net loss (Line 16 above)..... _____

24. Capital changes: Transferred to surplus..... _____

25. Surplus to capital _____

26. Loss due to increase in nonadmitted assets for the period..... _____

27. Dividends to stockholders..... _____

28. Extraordinary taxes from a prior period..... _____

29. **Total deductions for the period** \$ _____

30. Aggregate write-ins for gains and/or losses in surplus (attach explanation) _____

31. Change in capital and surplus for the period (Line 22 minus line 29, plus line 30)..... _____

32. Capital and surplus, December 31 of the current year (Line 17 plus line 31) _____

State of _____

County of _____

We _____ and _____
Name of officer or partner Name of officer or partner

being the _____ and _____
Office Office

respectively, of the _____ ,
Name of legal expense organization

each having been sworn, now depose that we are the above described officers or partners of the legal expense organization, and that on the thirty-first day of December last, all of the assets described in this financial statement were the absolute property of the legal expense organization, free and clear from any liens or claims thereon, except as herein stated, and that this statement, along with related exhibits, schedules, and explanations therein contained or attached, annexed, or referred to are a full and true statement of all the assets and liabilities and of the conditions and affairs for the organization as of the thirty-first of December last, and of its income and deductions therefrom for the year ended on that date, according to the best of the information, knowledge, and belief of each of us.

Signature of officer or partner

Signature of officer or partner

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary public

Commission expiration date