



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
350 Winter St. NE, 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) .....	_____
<b>Total liabilities.....</b>	<b>\$ _____</b>

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

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. <b>Total investment income.....</b>                      | <b>\$</b> |  |

Other income:

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

- |  |  |  |
|--|--|--|
| 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