

**INSURER'S REPORT TO  
MISSISSIPPI RESIDENTIAL PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
P.O. Box 5389, Jackson, Mississippi 39296-5389**

Name of Member Company (**DO NOT GROUP COMPANIES**) \_\_\_\_\_

**PART I: Annual Statement - Direct Premiums Written - Page 20, Column 1 - Mississippi - 2007**

| Fire<br>(Line 1) | Allied Lines<br>(Line 2.1) | Farmowners<br>(Line 3) | Homeowners<br>(Line 4) | Total<br>(Line 1-4) |
|------------------|----------------------------|------------------------|------------------------|---------------------|
|                  |                            |                        |                        |                     |

**PART II: Refinement of Premiums written for 2007 as shown on lines 1, 2.1, 3 and 4 of Page 20 of Company's Annual Statement to the Insurance Commissioner of the State of Mississippi.**

|   | Direct Premiums<br>Written Statewide* |
|---|---------------------------------------|
| <b>A. Fire</b>  |                                       |
| 1. All 10 <sup>th</sup> Class 1-2 Family Dwelling Property Including Farm Dwelling Property**.....        | \$ _____                              |
| 2. All 9 <sup>th</sup> Class 1-2 Family Dwelling Property**.....  | \$ _____                              |
| 3. All 3 <sup>rd</sup> through 8 <sup>th</sup> Class 1-2 Family Dwelling Property**.....                  | \$ _____                              |
| <b>B. Extended Coverage</b>   |                                       |
| 1. All 10 <sup>th</sup> Class 1-2 Family Dwelling Property Including Farm Dwelling Property**.....        | \$ _____                              |
| 2. All 9 <sup>th</sup> Class 1-2 Family Dwelling Property**.....  | \$ _____                              |
| 3. All 3 <sup>rd</sup> through 8 <sup>th</sup> Class 1-2 Family Dwelling Property**.....                  | \$ _____                              |
| <b>C. Homeowners/Farmowners Multi-Peril</b>   |                                       |
| 1. All 10 <sup>th</sup> Class 1-2 Family Homeowners (Total Policy Premiums)**.....                        | \$ _____                              |
| 2. All 9 <sup>th</sup> Class 1-2 Family Homeowners (Total Policy Premiums)**.....                         | \$ _____                              |
| 3. All 3 <sup>rd</sup> through 8 <sup>th</sup> Class 1-2 Family Homeowners (Total Policy Premiums)**..... | \$ _____                              |
| 4. Farmowners (Total Policy Premiums)**.....  | \$ _____                              |

**PART III: Any Fire and Extended Coverage Premium Indicated on Page 20 of Company's Annual Statement to the Insurance Commissioner of the State of Mississippi on lines other than 1, 2.1, 3 or 4.**

|  |          |
|--|----------|
| 1. All 10 <sup>th</sup> Class 1-2 Family Dwelling Property Including Farm Dwelling Property**..... | \$ _____ |
| 2. All 9 <sup>th</sup> Class 1-2 Family Dwelling Property**.....                                   | \$ _____ |
| 3. All 3 <sup>rd</sup> through 8 <sup>th</sup> Class 1-2 Family Dwelling Property**.....           | \$ _____ |

\*NOTE 1: "Direct Premium Written" means gross direct premiums (excluding reinsurance assumed and ceded to the Mississippi Residential Property Insurance Underwriting Association) written on property in this State for Fire and Extended Coverage insurance, including the Fire and Extended Coverage components of Comprehensive Dwelling and Other Dwelling Package Policies and the total policy premiums for Homeowners and Farmowners; less returned premiums on cancelled contracts, dividends paid or credited to policyholders or the unused or unabsorbed portion of premium deposits.

\*\*NOTE 2: "Protection Classes" refers to those protection classes as classified by the Mississippi State Rating Bureau.

**PART IV: MEMBER COMPANIES CAN NO LONGER FILE AS A GROUP. THE INSURER'S REPORT OF PREMIUM AND VOLUNTARY PREMIUM WRITINGS MUST BE FILED ON AN "INDIVIDUAL" COMPANY BASIS.**

**PART V: I certify that the premiums reported herein are correct to the best of my knowledge.**

**(Must be signed by officer responsible for accuracy of report.)**

Signed \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ (Print) Tel. # \_\_\_\_\_

E-Mail \_\_\_\_\_