

Mississippi Residential Property Insurance Underwriting Association

Phone (601) 981-2915 2685 Crane Ridge Drive P.O. Box 5389 Jackson, Mississippi 39296-5389

January 25, 2011

TO ALL MEMBER COMPANIES

REPORT OF 2010 PREMIUMS FOR USE IN
DETERMINING MEMBERS PARTICIPATION FOR
THE 2011 POLICY YEAR

The passage of House Bill 1113, by the 2003 Mississippi Legislature, amended the laws of Mississippi, Section 83-38-1 through 83-38-21, to create the Mississippi Residential Property Insurance Underwriting Association (MRPIUA), replacing the Mississippi Rural Risk Underwriting Association (MRRUA). This revision was made in order to expand the market for Fire and Extended coverage for one (1) and two (2) Family dwellings to all Public Protection Classes in Mississippi, excluding Wind and Hail coverage for the three (3) coastal counties of Harrison, Hancock and Jackson. All licensed companies writing residential property insurance, in Mississippi, on a direct basis are required to be members.

Prior to 2008, the MRPIUA accepted and used consolidated or grouped premium and voluntary credit information. The Board of Directors has determined that the statutes that created the MRPIUA do not allow companies to use grouping in the determination of participation percentages. Member Companies can no longer group affiliates for either premium reporting or voluntary credit purposes. Separate reports should be filed for each individual company.

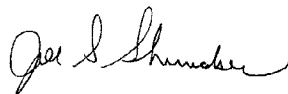
In order to determine your participation in the Mississippi Residential Property Insurance Underwriting Association (MRPIUA), we ask that you promptly complete and return the attached "INSURERS REPORT". This information is to be given for the calendar year 2010. It is requested that your report be submitted by April 1, 2011. Failure to submit a report by that date will necessitate referral to the Insurance Commissioner.

Credit for voluntary writings, should be reported to the Association for the current period on either a quarterly or annual basis. Voluntary writings are due March 1, 2011. **Reports of voluntary writings received after March 1, will not be considered.**

Instructions for preparing the "INSURER'S REPORT", and voluntary premium information is included on the Association's website at www.msplans.com. Reports and voluntary writings may be emailed to preporting@msplans.com.

Should you have any questions or need additional information, please contact Joel Ferriss at the address or telephone number listed on our letterhead, or email at jferriss@msratingbureau.com.

Yours very truly,



Joe S. Shumaker
Manager

INSURER'S REPORT TO NAIC Co Code _____
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 - "Statutory Page 14", Column 1 - Mississippi - 2010

Fire (Line 1)	Allied Lines (Line 2.1)	Farmowners (Line 3)	Homeowners (Line 4)	Total (Line 1 thru 4)

PART II: Refinement of Premiums written for 2010 as shown on lines 1, 2.1, 3 and 4 of "Statutory Page 14" of the Company's Annual Statement to the Insurance Commissioner of the State of Mississippi **Direct Premiums Written Statewide***

A. Fire	1. All 10th Class 1-2 Family Dwelling Property Including Farm Dwelling Property**	\$ _____
	2. All 9th Class 1-2 Family Dwelling Property**	\$ _____
	3. All 3rd through 8th Class 1-2 Family Dwelling Property**	\$ _____
	4. All other 1-2 Family Dwelling Property not included in Class 3 through 10	\$ _____
	5. Non-residential fire premium (commercial)	\$ _____
	6. Total fire premium reported on line 1, col 1 of "Statutory Page 14"(Sum 1 - 5)	\$ _____
B. Extended Coverage	1. All 10th Class 1-2 Family Dwelling Property Including Farm Dwelling Property**	\$ _____
	2. All 9th Class 1-2 Family Dwelling Property**	\$ _____
	3. All 3rd through 8th Class 1-2 Family Dwelling Property**	\$ _____
	4. All other 1-2 Family Dwelling Property not included in Class 3 through 10	\$ _____
	5. Non-residential extended coverage premium (commercial)	\$ _____
	6. Total ext coverage (Allied Lines) prem reported on line 2.1, col 1 of "Stat Page 14"(Sum 1 - 5)	\$ _____
C. Homeowners/Farmowners Multi-Peril	1. All 10th Class 1-2 Family Homeowners (Total Policy Premiums)**	\$ _____
	2. All 9th Class 1-2 Family Homeowners (Total Policy Premiums)**	\$ _____
	3. All 3rd through 8th Class 1-2 Family Homeowners (Total Policy Premiums)**	\$ _____
	4. All other 1-2 Family Homeowners not included in Class 3 through 10	\$ _____
	5. Total homeowners prem reported on line 4.0 pf "Stat Page 14"(Sum 1-4)	\$ _____
	6. Farmowners (Total Policy Premiums)**	\$ _____
	7. Total Homeowners and Farmowners reported on lines 3 and 4, col 1 of "Stat Page 14" (Sum 5 - 6)	\$ _____

PART III: Any Fire and Extended Coverage Premium Indicated on "statutory page 14" 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 10th Class 1-2 Family Dwelling Property Including Farm Dwelling Property**	\$ _____
2. All 9th Class 1-2 Family Dwelling Property**	\$ _____
3. All 3rd through 8th 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 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 _____
Print Name _____
Contact Person _____
(Print)
E-Mail _____

Title _____
Date _____
Tel. # _____