

**SPFC ATTESTATION REPORT**

**SPFC Name:** \_\_\_\_\_

For Period ending: \_\_\_\_\_, 20\_\_

**For the person who completed this form:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date completed: \_\_\_\_\_

1. **Name of the Compan(ies) and/or Corporation(s) who directly/indirectly own or control the SPFC.** (Please provide full Company names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Capitalization of SPFC

**CAPITAL STOCK OF SPFC**

<b>Class</b>	<b># Shares Authorized</b>	<b># Shares Outstanding</b>	<b>Par Value</b>
Preferred			
Common			

Please check one:

The Company:     Is in a warehousing phase     Has implemented the securitization

**SURPLUS NOTES ISSUED BY SPFC**

Aggregate Surplus Notes that can be issued (per Order):    \$ \_\_\_\_\_

Total Surplus Notes issued and outstanding, as of 12/31:    \$ \_\_\_\_\_

Issued during current year: (list each separately)    **Check if none issued in current year**

<b>Series</b>	<b>Amount Issued</b>	<b>Date Issued</b>

**REVIEW OF SERVICE PROVIDERS**

3. Actuarial and Audit Service Providers as of 12/31/\_\_\_\_ :

<u>Function</u>	<u>Service Provider</u>	<u>Changes made during year?</u>	
		Y	N
Actuarial Firm & Name of Independent Actuary			
CPA Firm & Name of Partner			

4. Does the CPA Firm provide any services (other than the annual audit) for the SPFC or its Parent Corporation?  Yes  No

If yes, please describe the additional services provided, and what steps are taken to minimize potential conflicts of interest: \_\_\_\_\_

\_\_\_\_\_

**REVIEW OF COMPANY’S TRANSACTION(AL) DOCUMENTS**

5. Has the SPFC made any changes to any of the following documents during the current year?:

<u>Document</u>	<u>Changes made?</u>		<u>Effective Date of Change(s)</u>	<u>DOI Notified?</u>	
	Y	N		Y	N
Plan of Operations					
Articles of Incorporation					
Company Bylaws					
Deal Model Output / Proformas					
Reinsurance Agreement(s)					
Trust Agreement(s)					
Tax Sharing Agreement					
Administrative Services Agreement					
Custodial Agreement					
Investment Advisory Agreement					
Promissory Note Agreement					
Fiscal Agency Agreement					
ISDA Agreements (and/or supporting docs)					
Retrocession Reinsurance Agreement (if app)					
Other _____.					
Other _____.					

**NOTE: The above list is not meant to be an all-inclusive listing of the agreements for each transaction; instead, it is a listing of key documents for each SPFC. There may be instances where an SPFC has multiple agreements – in that case, you can answer it in the collective, and elaborate further (as needed) on a separate sheet of paper.**

6. Are the SPFC's investments maintained in accordance with their Investment Policy?

**Yes**  **No**

Person(s)/Committee(s) responsible for monitoring \_\_\_\_\_

\_\_\_\_\_

7. Has there been any change in the Company's Officers/Directors during the current year?

**Yes**  **No**

If "Yes", please provide a brief description of the changes that were made.

8. Is the Company an accredited reinsurer?

**Yes**  **No**

If Yes, list the state in which the Company is an accredited reinsurer: \_\_\_\_\_

9. Please fill in the following table for assets held in trust by the Company:

Account Number	Brief Description of Related Liability	Book Value as of 12/31	Market Value as of 12/31	Related Liability Amount as of 12/31	Excess/ (Deficiency)

Comments: \_\_\_\_\_

\_\_\_\_\_