



**APPENDIX A** §§29-13-102(4), 24-10-115.5(4), and 8-44-205(5), C.R.S.

NAME OF POOL \_\_\_\_\_

DATE OF STATEMENT December 31, \_\_\_\_\_ Or Fiscal Year Ended \_\_\_\_\_

<b>STATEMENT OF ASSETS LIABILITIES AND SURPLUS</b>	
Assets:	
Invested securities	
Cash	
Uncollected contributions	
Other uncollected assessments	
Other Admitted assets	
<b>Total Assets</b>	
Liabilities:	
Loss reserves	
Loss adjustment expense reserves	
Unearned contributions	
Other expenses	
Other liabilities	
<b>Total Liabilities</b>	
Surplus:	
Subordinated debt.	
Contributed surplus	
Unassigned surplus	
<b>Total Surplus</b>	
<b>STATEMENT OF INCOME</b>	
Revenue:	
Contributions and assessments earned	
Investment income	
Other income	
<b>Total Income</b>	
Expenses:	
Losses incurred	
Loss adjustment expenses incurred	
Other underwriting expenses	
<b>Total Expenses</b>	
<b>Net Income (Loss)</b>	
<b>** Contributions and Assessments Written</b>	
<b>COVERAGE(S) PROVIDED</b>	
Number of members	
Type & character of coverage(s)	
Attach a schedule to be included with this report which details any reinsurance credit/debit incorporated herein and the name of each such carrier.	
This report is sworn to be a true and correct statement of the condition of the above named pool.	

\_\_\_\_\_  
Chief Executive Officer (signature)

\_\_\_\_\_  
Chief Executive Officer (typed)

This document is due March 30<sup>th</sup> to the Corporate Affairs section of the Colorado Division of Insurance at the address below. Email inquiries to: [DOI.CorporateAffairs@dora.state.co.us](mailto:DOI.CorporateAffairs@dora.state.co.us)

