

**Farmers Mutual Aid Association (FMAA)-Annual Statement**

For the Year Ending December 31, \_\_\_\_\_ of the Condition and the Affairs Of the  
\_\_\_\_\_ of \_\_\_\_\_, Arkansas.  
(Company Name)

Farmers Mutual Aid Association ID Number: \_\_\_\_\_ Federal Employers ID: \_\_\_\_\_

Made to the Insurance Commissioner of the State of Arkansas

Pursuant to the Laws Thereof

Date Organized: \_\_\_\_\_ Commenced Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P O Box: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual Statement Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

**OFFICERS**

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

**DIRECTORS**

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

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State of Arkansas

County of \_\_\_\_\_

\_\_\_\_\_, President, and \_\_\_\_\_ Secretary,  
being duly sworn, each deposes and says that they are the above described officers of the said FMAA, and that on the thirty-first day of December last, all of the herein described assets were the absolute property of the said FMAA, free and clear from any liens or claims thereon, except as herein stated, and that this annual statement, together with related exhibits, schedules, and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said FMAA as of the thirty-first day of December last, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge, and belief, respectively.

\_\_\_\_\_  
President Secretary

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public SEAL

My Commission expires \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_

Assets

	Current Year				Prior Year
	Ledger Assets	Non-Ledger Assets	Non-Admitted Assets	Net Admitted Assets	Net Admitted Assets
1. Bonds					
2. Preferred stocks					
3. Common stocks					
4. Mortgage loans on real estate					
5. Home office real estate					
6. Investment real estate					
7. Collateral loans					
8. Cash on hand and on deposit					
9. Short term investments					
10. Other invested assets					
11. Reinsurance recoverable on paid losses					
12. Due and uncollected assessments					
13. Federal income tax recoverable					
14. Investment income due and accrued					
15. Equipment, furniture, and supplies					
16.					
17.					
18.					
19.					
20. Totals					

**Liabilities, Surplus, and Other Funds**

	<b>Current Year</b>	<b>Prior Year</b>
1. Unpaid losses		
2. Loss adjustment expense due		
3. Commissions due		
4. Salaries and general expenses due		
5. Federal income tax due		
6. Borrowed money		
7. Interest on borrowed money		
8. Reinsurance premiums due		
9. Claim drafts outstanding		
10. Payable to affiliates		
11. Payable for securities purchased		
12. Unearned Premium Reserve		
13. Other liabilities		
14.		
15.		
16.		
17. Total liabilities (Lines 1 through 16)		
18. Surplus Notes		
19. Unassigned Surplus		
20.		
21.		
22. Total Surplus (Lines 18 through 21)		
23. TOTAL (Lines 17 + 22)		

**Reconciliation of Ledger Assets**

**Income**

(Increase in Ledger Assets)

- 1. Net Assessments Received (Exhibit 2) \_\_\_\_\_
- 2. Interest Received on Bonds, \_\_\_\_\_  
    Less \$ \_\_\_\_\_ Paid for Accrued Interest \_\_\_\_\_
- 3. Dividends Received on Stock \_\_\_\_\_
- 4. Interest Received on Bank Deposits \_\_\_\_\_
- 5. Income from Real Estate \_\_\_\_\_
- 6. Interest Received on Mortgage Loans \_\_\_\_\_  
    Less \$ \_\_\_\_\_ Paid for Accrued Interest \_\_\_\_\_
- 7. Interest Received on Collateral Loans \_\_\_\_\_
- 8. Profit on the Sale of Ledger Assets \_\_\_\_\_
  - (A) Bonds \_\_\_\_\_
  - (B) Stocks \_\_\_\_\_
  - (C) Other Ledger Assets \_\_\_\_\_
- 9. Increase by Adjustment in Book Value Ledger Assets \_\_\_\_\_
  - (A) Bonds \_\_\_\_\_
  - (B) Stocks \_\_\_\_\_
  - (C) Real Estate \_\_\_\_\_
  - (D) \_\_\_\_\_
- 10. Other Income \_\_\_\_\_
  - (A) \_\_\_\_\_
  - (B) \_\_\_\_\_
  - (C) \_\_\_\_\_
- 11. Total Increase in Ledger Assets (Line 1 through Line 10) \_\_\_\_\_

**Disbursements**

(Decrease in Ledger Assets)

- 1. Net Losses Paid (Exhibit 3) \_\_\_\_\_
- 2. Loss Adjustment Expense \_\_\_\_\_
- 3. Rent \_\_\_\_\_
- 4. Salaries and Wages \_\_\_\_\_
- 5. Commissions \_\_\_\_\_
- 6. Directors Fee \_\_\_\_\_
- 7. Employees Welfare \_\_\_\_\_
- 8. Legal Fees and Expenses \_\_\_\_\_
- 9. Inspection Reports and Loss Prevention \_\_\_\_\_
- 10. Fees for Public Accountants \_\_\_\_\_
- 11. Travel Expense \_\_\_\_\_
- 12. Advertising \_\_\_\_\_

**Disbursements (continued)**

13. Postage, Telephone, Messenger, and Express	_____
14. Printing and Stationery	_____
15. Cost of Depreciation of Furniture and Equipment	_____
16. Books and Periodicals	_____
17. Trade or Industry Association Dues	_____
18. Insurance	_____
19. Collection and Bank Service Charges	_____
20. Sundry General Expenses	_____
21. Real Estate Expenses	_____
22. Taxes Other Than Federal Income Tax	_____
23. Federal Income Tax	_____
24. Dividends to Policyholders	_____
25. Furniture and Equipment	_____
26. Insurance Department Fees	_____
27. Meeting Expenses	_____
28. Loss on Sale of Ledger Assets	
(A) Bonds	_____
(B) Stocks	_____
(C) Real Estate	_____
(D) Other _____	_____
29. Decrease by Adjustment in Book Value Ledger Assets	
(A) Bonds	_____
(B) Stocks	_____
(C) Real Estate	_____
(D) Other _____	_____
30. Other Expenses _____	_____
31. Decrease in Ledger Liabilities	_____
32. Total Decrease in Ledger Assets (Line 1 through Line 30)	_____
33. Net Increase (or decrease) in Ledger Assets	_____
(Difference between Income and Disbursements)	

Reconciliation between Years

Ledger Assets December 31, Prior Year	_____
Total Increase (or Decrease) in Ledger Assets	_____
Ledger Assets December 31, Current Year	_____

**Insurance in Force Exhibit**

Amount in Force 12/31, previous year \_\_\_\_\_

Written during year \_\_\_\_\_

Expired during year \_\_\_\_\_

Lapsed during year \_\_\_\_\_

Cancelled during year \_\_\_\_\_

In force, December 31, current year =====

Number of members, December 31, current year \_\_\_\_\_

**Exhibit I**

**Unpaid Losses**

	(1) <b>Reported Losses</b>	(2) <b>Incurred but Not Reported</b>	(3) <b>Reinsurance Recoverable</b>	(4) <b>Net Unpaid Losses Col. 1+2-3=4</b>
Fire				
Extended Coverage				
Weight of Ice and Snow				
Theft				
Supplemental (incl. Liability)				
<b>TOTALS</b>				

(To agree with Line 1 of Liabilities page)

**Exhibit II**

**Net Assessments Received**

	(1) <b>Assessments Received</b>	(2) <b>Paid for Reinsurance</b>	(3) <b>Refunds</b>	(4) <b>Net Assessments Received Col. 1-2-3=4</b>
Fire				
Extended Coverage				
Weight of Ice and Snow				
Theft				
Supplemental (incl. Liability)				
<b>TOTALS</b>				

(To agree with Line 1 of the Income schedule)

**Exhibit III**

**Net Losses Paid**

	(1) <b>Losses Paid</b>	(2) <b>Reinsurance Received</b>	(3) <b>Salvage Received</b>	(4) <b>Net Losses Paid Col. 1-2-3=4</b>
Fire				
Extended Coverage				
Weight of Ice and Snow				
Theft				
Supplemental (incl. Liability)				
<b>TOTALS</b>				

(To agree with Line 1 of the Disbursements schedule)

**Exhibit IV**

**Invested Assets**

List all bonds owned at December 31, \_\_\_\_\_

<b>Description</b>	<b>Date Acquired</b>	<b>Maturity Date</b>	<b>Cost</b>	<b>Book Value</b>	<b>Market Value</b>	<b>Income Received</b>

List all stock owned at December 31, \_\_\_\_\_

<b>Description</b>	<b>Date Acquired</b>	<b>Cost</b>	<b>Book Value</b>	<b>Market Value</b>	<b>Income Received</b>

List all other invested assets, including Certificates of Deposit, owned December 31, \_\_\_\_\_

<b>Description</b>	<b>Date Acquired</b>	<b>Maturity Date</b>	<b>Cost</b>	<b>Market Value</b>	<b>Income Received</b>

**General Interrogatories**

- 1.A. Does the company have any policies outstanding, which are issued on non-assessable contract forms?
- B. If the answer is yes, state the:  
 Premium volume on non-assessable policies \_\_\_\_\_  
 Premium volume on assessable policies \_\_\_\_\_
  
- 2.A. Were any company funds loaned to any officer, director, or manager of the company during the reporting period covered by this statement?
- B. If the answer is yes, list all loans indicating the date of the loan, the name of the borrower, the initial amount of the loan, the interest rate, the term of the loan, and the current balance of the outstanding obligation. (Attach additional sheet if necessary.)
  
- 3. Without deduction for reinsurance ceded, the maximum aggregate retention on any one risk is as follows:  
 \_\_\_\_\_
  
- 4. Provide below a summary of the reinsurance agreements to which the company was a party at December 31, \_\_\_\_\_. Include the company's retention amount and any limits otherwise applicable. (Attach additional sheet if necessary.)
  
- 5. Were invested assets, excluding bearer securities registered in the name of the company at December 31, \_\_\_\_\_?
  
- 6.A. Were all assets held by the company at December 31, \_\_\_\_\_, as shown on page 2 of this statement, in the physical possession of the company?
- B. If the answer is no, explain.
  
- 7. In what counties did the company write business during the period covered by this report?
  
- 8. Are all purchases and sales of company assets approved by the board of directors?
  
- 9. A. Does the company have any management contracts or administrative service contracts in effect?
- B. If the answer is yes, have all contracts been approved by the Commissioner for the current year?
  
- 10.A. Do any policies written cover damages caused by earthquake? \_\_\_\_\_
- B. If the answer is yes, on an additional page, state on a by-county basis, the following:

County	General Policy Total Insured Value*	General Policy Number of Risks	Earthquake Policy Total Insured Value #	Earthquake Policy Number Of Risks
	\$		\$	

\* Combined limits of the dwelling, contents and additional structures covered by the homeowner, dwelling fire, mobile home or farm policy.

# Combined limits of the dwelling, contents and additional structures with earthquake coverage.

- C. Summarize any reinsurance specific to earthquakes - if not described in question 4 above.
  
- 11. FMAA's which write supplemental coverages as described under 23-73-105(f)(1) (1997) are requested to list the total direct written premium for such coverage. This total may differ from assessments if some premium was due and uncollected at the end of the prior or current year.
  - A. Assessments received ( to match the Supplemental line, Exhibit II, col.1) \_\_\_\_\_
  - B. Amts. Due and uncollected on supplemental coverage, end of prior year \_\_\_\_\_
  - C. Amts. Due and uncollected on supplemental coverage, end of current year \_\_\_\_\_
  - D. Direct written premium for supplemental coverage, current year (d=a-b+c) \_\_\_\_\_