

Instructions

1. The Arkansas Property and Casualty Guaranty Fund applies to all types of direct insurance written by insurers licensed in the state except for the following:

Life	Credit
Annuity	Warranties
Health	Service Contracts
Federal Flood	Disability
Title	Mortgage Guaranty
Ocean Marine	Financial Guaranty
Bail Bonds	Lines with no transfer of insurance risk

2. Complete the second page of this form indicating the net direct written premiums, by line, for your company in Arkansas during the year **2022**. Exclude the lines listed above.
3. The premiums reported should be determined according to the following definition: "Net Direct Written Premium" is the gross amount of premium received from policies of insurance issued in the state to which the Arkansas Property & Casualty Guaranty Fund applies, less returned premiums and dividends paid or credited to policy holders. Premiums for reinsurance assumed from other insurers licensed in Arkansas, or premiums paid to other insurers for reinsurance ceded by the reporting company, are excluded from this definition. **Finance and service charges should be included.**
4. The Arkansas Property & Casualty Guaranty Fund requires **all licensed Property and Casualty companies** to complete the mandatory form **even if the total is zero.**
5. The completed form should be signed by an officer of the company responsible for the accuracy of the information provided. Electronic signatures are permitted.
6. The mandatory form and the Arkansas business page (page 19.AR from the annual statement) may be returned by e-mail to lisa.bolin@arkansas.gov. If preferred, the original form and the Arkansas business page, may be mailed to the address below. All forms should be returned no later than **March 1, 2023**. **Please do not send duplicates.**

**Arkansas Property & Casualty Guaranty Fund
1023 West Capitol Avenue, Suite 2
Little Rock, AR 72201**

7. Any questions concerning proper completion of the mandatory form, or the application of the Guaranty Fund Act should be directed to the above address, or by calling (501) 371-2776.

**PLEASE ATTACH A COPY
OF YOUR ARKANSAS
BUSINESS PAGE – LEGAL
SIZE ONLY – DO NOT FAX**

ARKANSAS PROPERTY & CASUALTY GUARANTY FUND
Mandatory Information Sheet

NAME OF COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAIC GROUP CODE: _____ NAIC COMPANY CODE: _____ TAX ID#: _____

	Line of Business	2022 - Dividends Credited To Policyholders	2022 - Ark. Net Direct Written Premiums
1	Fire		
2.1	Allied Lines		
2.4	Private Crop		
2.5	Private Flood (Except Federal)		
3	Farmowners Multiple Peril		
4	Homeowners Multiple Peril		
5.1	Commercial Multiple Peril Non-Liability		
5.2	Commercial Multiple Peril Liability		
9	Inland Marine		
11	Medical Professional Liability		
12	Earthquake		
16	Worker's Compensation		
17.1	Other Liability – Occurrence		
17.2	Other Liability – Claims Made		
17.3	Excess Workers' Compensation		
18	Products Liability		
19.1	Private Passenger Auto Liability No-Fault (PIP)		
19.2	Other Private Passenger Auto Liability		
19.3	Commercial Auto Liability No-Fault (PIP)		
19.4	Other Commercial Auto Liability		
21.1	Private Passenger Auto Physical Damage		
21.2	Commercial Auto Physical Damage		
22	Aircraft (All Perils)		
23	Fidelity		
24	Surety (Except Bail Bonds)		
26	Burglary and Theft		
27	Boiler and Machinery		
34	Aggregate Write-Ins for Other Lines of Business		
	Finance and Service Charges		
35	TOTALS		

Signature of the individual
responsible for completion
of this form:

Signature

Typed Name & Title

Date: _____ Telephone No.: _____

RETURN TO: ARKANSAS PROPERTY & CASUALTY GUARANTY FUND
1023 WEST CAPITOL AVENUE, SUITE 2
LITTLE ROCK, ARKANSAS 72201

FILE THIS FORM WITH THE ABOVE OFFICE ON OR BEFORE MARCH 1, 2023