



**KAREN WELDIN STEWART  
INSURANCE COMMISSIONER**

**Instructions for completing the Annual Report**

***Pure Captives and Series Captive Insurance Companies (SCICs) only***

The format of the 2015 Annual Report is substantially similar to prior years. As such, these instructions are not intended to be all-inclusive but rather cover the more important points and changes for this year.

The instructions are divided by page to coincide with the layout of our Annual Report.

**UPDATES for 2015**

*A special thank you to all of the captive managers who made suggestions. Many of the suggestions were incorporated into the new annual report form for 2015.*

- The Annual Report forms have been updated for 2015. Please use the new forms.
- Captive Bureau will now accept scans of Jurat Pages and Premium Taxes as long as the Notary Seal is visible.
- Each Core, Series and Pure Captive must file individual 2015 Premium Tax Forms. Minimum Premium Taxes are:
  - Pure Captive - \$5,000
  - Core LLC - \$5,000
  - Series Captive Insurance Company - \$3,500



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- All Administrative Core LLCs who do not issue policies of insurance or assume any premiums, can submit revised Administrative Order to be executed by the Commissioner to waive the \$5,000 Premium Tax payment. The result would be that non-risk bearing Administrative Core LLC only be responsible for the \$400 annual renewal fee.
- Series Business Units (SBUs) are now known as Series Captive Insurance Companies (SCICs).
- The same Annual Report will be used for Pure Captives, Core LLCs and Series Captive Insurance Companies.
- Each entity (SCICs included) must file their own separate Annual Report (i.e. each core and Series).
- The Jurat page for Series Captive Insurance Companies (SCICs), requires the name of the Core and name of SCIC.
- All write-in or “other” items on the balance sheet, require a brief description.
- On the premium, Reinsurance and Loss schedules, each direct line of coverage should be listed on an individual line. Pooled coverages may be listed by the pool name rather than by the individual line of coverage assumed through the pool.
- Also on the premium, Reinsurance and Loss schedules, lines of coverage should be classified under Active Lines of Coverage, Added Lines of Coverage and Removed Lines of Coverage.
- The Captive Bureau no longer requires pro-formas beyond the initial five years required at the time of application.
- The Captive Bureau no longer requires captive insurers to file a Business Plan Change if the captive is adding or removing lines of coverage. Rather, each captive insurer has to report all lines of coverage written at any time during the previous calendar year, on the premium schedule of their annual report. The Premium Schedule, will also list coverage effective dates and policy limits. There are two exceptions to this rule, that will still require filling of a business plan change for approval:
  - All deletions or additions of mandatory coverages; Per section § 6922.
  - Policy changes in Workers' Compensation, and Commercial Auto Liability.

**Title Page (Page 1)**

Company Name/Date

Company Name – should match Certificate of Authority

Date of Period Ending – Enter Date here. The formulas will carry this date forward on all subsequent sheets.



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**Corporate Info/Contact**

Organized under the Laws of - List state incorporated in

Date license issued on - List the as of date from the Certificate of Authority

Annual Report contact – Person Department may contact with questions. Often, this is the Captive Manger.

**Officers**

List officers' title and full name. President, Secretary, Treasurer and Vice President are filled in by default, but these may be tailored to best describe officers of the individual captive. As noted at bottom, if the individual did not occupy the position in the previous annual report, please indicate so by placing a # after their name.

**Directors**

List full name of any Directors. As noted at bottom, if the individual did not occupy the position in the previous annual report, please indicate so by placing a # after their name.

**Signature Line**

Please read and agree to above statement. "President and Secretary" are filled in by default but may be changed to suit your needs. **At least two signatures are required.** The signatures must be notarized.

**Filing Note:** This page no longer needs to be submitted in paper with wet signatures. It may be emailed. However the raised seal must be visible. Please shade the seal if necessary to make it visible.

**Balance Sheet (Page 2)**

Column 1 – Record the amount by Category for the current reporting period

Column 2 – Record the amount by Category for the prior reporting period

**Assets**

Cash and Invested Assets (Lines 1 to 4)



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Properly classify Invested assets into Bonds, Common & Preferred Stock, Cash & Cash Equivalents, Savings & Certificate of Deposit, and Other Invested Assets. For any assets that are listed under Line 5, (Other Invested Assets), please see next instruction. All values and classifications should be in accordance with guidance set forth in Generally Accepted Accounting Principles (GAAP).

Line 5 Other Invested Assets – Please list each Other Asset and provide a sufficient description for the reviewer to obtain a basic understanding of the nature of the Asset. We have allowed for three entrees. If more entrees are required, please provide a separate attached schedule, write in “see attached schedule”, and enter the total of the attached schedule.

Line 14 Letter of credit – Only include LOCs used to capitalize the Company. Do not include LOCs used for collateral under a reinsurance agreement.

Line 15 Other Assets - Please list each other asset and provide a sufficient description for the reviewer to obtain a basic understanding of the nature of the investment.

**Liabilities**

Line 17 Losses - Net reserves including IBNR

Line 19 Reinsurance Payable on paid losses & LAE – This amount should agree to amount on Page 6 Reinsurance

Line 29. Other Liabilities - please list each Other Liability and provide a sufficient description for the reviewer to obtain a basic understanding of the nature of the liability. We have allowed for three entrees. If more entrees are required, please provide a separate attached schedule, write in “see attached schedule”, and enter the total of the attached schedule.

**Income Statement (Page 3)**

**Underwriting Income**

Line 1 Net Premiums Written – (Direct Written Premium + Assumed Premium – Ceded Premium)



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Underwriting Income

Line 27 Other - please list each item and provide a sufficient description for the reviewer to obtain a basic understanding of the nature of the item.

**Questionnaire (Page 4)**

Question 1 – If the captive is owned by an entity, we are looking for the name of the entity rather than the name of the underlying individual.

**Premium (Page 5)**

Premium Schedule – The far left column is divided into sections: Active, Added or Removed lines of coverage. Please list each line of coverage on an individual line under the appropriate section.

The next three columns list premium written, per occurrence limit, and aggregate limit from the prior year. These three columns are for reference purposes allowing our analyst to easily identify changes from year to year.

Column 1 – Direct Written Premium for the listed line of business

Column 2 – Assumed Premium for the listed line of business

Column 3 – Premium Ceded for the listed line of business

Column 4 – Net Premium equals Column 1 + Column 2 – Column 3

Column 5 – Net Premium Earned



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Column 6 – Current per occurrence limit

Column 7 – Current aggregate limit

**Reinsurance (Page 6)**

Reinsurance Schedule – The far left column is divided into sections: Active, Added or Removed lines of coverage. Please list each line of coverage on an individual line under the appropriate section.

**Reinsurance Ceded**

Top Left Column - Please list the name of each coverage

Columns 1 to 4 - Complete amounts for Reinsurance Recoverable

**Reinsurance Assumed**

Bottom Left Column - Please list the name of each pool or coverage

Columns 5 to 8 - Complete amounts for Reinsurance Payable

**Unpaid Losses & LAE (Page 7)**

Unpaid Losses & LAE Schedule – The far left column is divided into sections: Active, Added or Removed lines of coverage. Please list each line of coverage on an individual line under the appropriate section.

Top Left Column - Each direct line of coverage should be listed on an individual line. Pooled coverages may be listed by the pool name rather than by the individual line of coverage assumed through the pool.

Columns 1 to 4 - Complete amounts for Unpaid Losses



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**Unpaid LAE**

Lower Left Column - Each direct line of coverage should be listed on an individual line. Pooled coverages may be listed by the pool name rather than by the individual line of coverage assumed through the pool.

Columns 5 to 8- Complete amounts for Unpaid LAE

**Losses & LAE Paid and Incurred (Page 8)**

Losses & LAE Paid Schedule – The far left column is divided into sections: Active, Added or Removed lines of coverage. Please list each line of coverage on an individual line under the appropriate section.

Top Left Column - Each direct line of coverage should be listed on an individual line. Pooled coverages may be listed by the pool name rather than by the individual line of coverage assumed through the pool.

Columns 1 to 8 - Complete amounts for Losses Paid Less Salvage

**LAE**

Bottom Left Column - Each direct line of coverage should be listed on an individual line. Pooled coverages may be listed by the pool name rather than by the individual line of coverage assumed through the pool.

Columns 9 to 16 - Complete amounts for LAE Paid Less Salvage

**Crosscheck (Page 9)**

Once you are finished entering data, please review the crosscheck page for any errors.



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After you have cleared any crosscheck issues, please convert it to a PDF format. The PDF version shall be submitted to [captive@state.de.us](mailto:captive@state.de.us) no later than March 1st of each year, or within 60 days of the fiscal year-end for those with alternate year-end dates.

If you have any questions as you are completing the annual report, please contact Rasa Zubielaite or Jamie Bafundo by phone or email.

On behalf of Insurance Commissioner Karen Weldin Stewart, thank you for domiciling in Delaware.

Email address to file Annual Report

[captive@state.de.us](mailto:captive@state.de.us)

Contacts

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