

# Valuation of Section 411 Trusteed Assets Under Section 901

*Read instructions before completing form*

Submission Required By:  
BRANCH OPERATIONS OF ALL NON-U.S.  
LIFE, ACCIDENT AND HEALTH INSURERS  
using Michigan as Port of Entry

**2011**  
DUE 3/1/12

Bar Code Required - Place Bar Code Here

Name of Company | NAIC Group no. | NAIC Company code | Name of parent company (if licensed in Michigan)

1. **Total Adjusted Liabilities** (from trustee surplus statement: page TSS-3, line 11)..... 1. \_\_\_\_\_
2. **Minimum Capital and Surplus** required by Section 901(1)..... 2. \$7,000,000
3. Add lines 1 and 2..... 3. \_\_\_\_\_
4. (Line 4 intentionally left blank)
5. **Aggregate Write-ins** (from trustee surplus statement, page TSS-3, line 9) only include amounts due from reinsurers unauthorized in Michigan that are not properly secured in compliance with Section 1105 and any balances more than 90 days overdue..... 5. \_\_\_\_\_
6. Add lines 3 and 5..... 6. \_\_\_\_\_
7. (Line 7 intentionally left blank)
8. (Line 8 intentionally left blank)
9. (Line 9 intentionally left blank)
10. **Amounts Receivable** in compliance with Section 901(3)(b) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form..... 10. \_\_\_\_\_
11. (Line 11 intentionally left blank)
12. **Net Liabilities** (subtract line 10 from line 6)..... 12. \_\_\_\_\_
13. a. **5% Limitation** per Section 901(6) (multiply line 12 by 5%)..... 13a \_\_\_\_\_  
(Line 13.b. intentionally left blank)
- c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 12 by 20%)..... 13c \_\_\_\_\_ 13. \_\_\_\_\_
14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)..... 14. \_\_\_\_\_
15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). EXCLUDE the value of affiliated stocks (**Note:** subject to 5% limit; see line 13a of this form)..... 15. \_\_\_\_\_
16. **Mortgage Loans** on Real Estate at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. \_\_\_\_\_
17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** may be subject to 5% limit and 20% limit; see lines 13a and 13c of this form)..... 17. \_\_\_\_\_
18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (**Note:** subject to 5% limit; see line 13a of this form)..... 18. \_\_\_\_\_
19. (Line 19 intentionally left blank)

20. <b>Cash and Bank Deposits</b> (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) .....	20.	_____
21. <b>Short-Term Investments</b> at statement value ( <b>Note:</b> may be subject to 5% limit; see line 13a of this form) .....	21.	_____
22. <b>Equity in Affiliated Insurers:</b> Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). <b>Attach</b> a complete listing showing companies and amount. <b>Attach</b> an audited financial statement and an annual statement for each affiliate not licensed in Michigan .....	22.	_____
23. <b>Equity in Wholly-owned Noninsurance Affiliates:</b> Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly-owned noninsurers in compliance with Section 901(7)(c). <b>Attach</b> a complete listing showing companies and amount. <b>Attach</b> an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) .....	23.	_____
24. (Line 24 intentionally left blank)		
25. <b>Income Due and Accrued</b> (only include income due and accrued on assets reported on line 14 through 24 of this form) .....	25.	_____
26. Total Amount of Section 411 Trusteed Assets Qualifying under Section 901 (add lines 14 through 25) .....	26.	_____
27. Excess Amount of Section 411 Trusteed Assets Qualifying under Section 901 over Amount of Total Adjusted Liabilities (subtract line 12 from line 26) If amount is positive, no further work is necessary. If amount is negative, continue below .....	27.	_____
<b>Other Trusteed Assets not included above; subject to approval by the Commissioner</b>		
28. <b>Assets considered as qualifying under Section 901(2)(e).</b> (Detail required) .....	28.	_____
29. <b>Assets considered as qualifying under Section 901(7)(d) and (e).</b> (Detail required) .....	29.	_____
30. <b>Assets considered as qualifying under Section 901(5).</b> (Detail required).....	30.	_____
31. The sum of lines 27 through 30.....	31.	_____

CERTIFICATION

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.



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