WSRB

REPORT OF PREMIUMS WRITTEN DURING	1	FOR:	
	(Year)	(Company or Group	Name) (NAIC #)
PREPARER'S NAME T	TITLE	DATE	PHONE NUMBER
PREPARER'S EMAIL	PREPARER'S ADD	RESS	

ANNUAL STATEMENT - Direct Premiums Written - Page 14, column 1 ENTER ENTIRE AMOUNT - TO NEAREST DOLLAR							
Fire	Allied Lines	Farmowners	Homeowners	Commercial Multiple Peril Non-Liability	Earthquake	TOTAL	This TOTAL must match
(Line 1)	(Line 2.1)	(Line 3)	(Line 4)	(Line 5.1)	(Line 12)		TOTAL
\$	\$	\$	\$	\$	\$	\$	shown below

In the following area, please allocate the premiums shown in ANNUAL STATEMENT above.

	ROUND TO NEAREST DOLL	AR
LINES OF BUSINESS	DIRECT PREMIUMS WRI	TTEN Reserved for Bureau Use
Line 1 - Fire		
DWELLING PROPERTY	\$	
FARM PROPERTY	\$	
COMMERCIAL PROPERTY	\$	
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
Line 2.1 - Allied Lines		
DWELLING PROPERTY	\$	
FARM PROPERTY	\$	
COMMERCIAL PROPERTY	\$	
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
Line 3		
FARMOWNERS	\$	
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
Line 4		
HOMEOWNERS	\$	
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
Line 5.1 – Commercial Multiple Peril – Non-Liability		
COMMERCIAL PACKAGE	\$	
(include Businessowners Policies & Market Segments programs)		
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
Line 12 - Earthquake	1 4	
COMMERCIAL	\$	
PERSONAL	\$	
OTHER THAN WSRB MATERIALS USED (Identify below)	\$	
TOTAL	\$	This TOTAL must match TOTAL shown in ANNUAL STATEMENT above



MEMBER COMPANIES INCLUDED IN THIS REPORT (entry required):

(If none, enter "xxxxx" as NAIC# and "N/A" as Member Company)

NAIC# Member Company