

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**QUARTERLY STATEMENT  
OF THE**

---

(Legal Expense Insurance Corporation)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR PERIOD ENDED**

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**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: \_\_\_\_\_

Period Ending: \_\_\_\_\_

**STATEMENT**

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: \_\_\_\_\_  
 Company FEIN: \_\_\_\_\_ Florida Company Code: \_\_\_\_\_ Period Ending Date: \_\_\_\_\_  
 State and Date of Incorporation/Organization: \_\_\_\_\_ (State/Prov): \_\_\_\_\_ (Date): \_\_\_\_\_  
 Date Licensed by the Office of Insurance Regulation: \_\_\_\_\_ (Date): \_\_\_\_\_  
 Date Commenced Business: \_\_\_\_\_ (Date): \_\_\_\_\_

**Address of Home Office:**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Address of Main Administrative Office:**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mailing Address:**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Records Location (if different than Main Office):**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Address of Principle Florida Office:**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Website:** \_\_\_\_\_

Type of entity (check one)  Corporation - For profit  Sole proprietorship  
 Corporation - Not for profit  Limited liability company  
 Partnership  Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**OFFICERS / DIRECTORS / MEMBERS**  
Show full name (initials not acceptable)

Chief Executive Officer \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer / Chief Financial Officer \_\_\_\_\_  
 Chairman of the Board \_\_\_\_\_

Directors / Members \_\_\_\_\_

STATE OF: \_\_\_\_\_  
 COUNTY OF: \_\_\_\_\_  
 \_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
 and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the

financial records of the licensee), of the \_\_\_\_\_ being duly sworn each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ President/Owner  
 \_\_\_\_\_ Secretary  
 Commission Number: \_\_\_\_\_ Treasurer/CFO  
 Expiration Date: \_\_\_\_\_

[Print this page](#)

Company Name:

Period Ending:

**BALANCE SHEET  
ASSETS**

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
<b>CURRENT ASSETS:</b>			
1. Cash on Hand and on Deposit (Schedule A, Page 7)	_____	_____	_____
2. Investments, Short Term (Schedule B, Page 8)	_____	_____	_____
3. Accounts Receivable, Trade (Schedule C, Page 8)	_____	_____	_____
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates	_____	_____	
b. From Officers, Director, Owners	_____	_____	
c. From Others	_____	_____	_____
d. Other Receivables	_____	_____	_____
e. Less: Reserve for Losses	( _____ )	( _____ )	( _____ )
5. Prepaid Expenses	_____	_____	
6. Other (Identify) _____	_____	_____	_____
<b>7. Total Current Assets</b>	_____	_____	_____
<b>NON-CURRENT ASSETS:</b>			
8. Investments and Securities (Schedule B, Page 8)	_____	_____	_____
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates	_____	_____	
b. From Officers, Director, Owners	_____	_____	
c. From Others	_____	_____	_____
d. Less: Reserve for Losses	( _____ )	( _____ )	( _____ )
10. Deferred Expenses	_____	_____	
11. Intangible Assets (Identify)	_____	_____	_____
12. Other (Identify) _____	_____	_____	_____
<b>13. Total Non-Current Assets</b>	_____	_____	_____
<b>FIXED ASSETS:</b>			
14. Real Estate Owned (Schedule D, Page 9)	_____	_____	_____
15. Computers [Section 625.012(11), F.S.]	_____	_____	_____
16. Less: Accumulated Depreciation	( _____ )	( _____ )	( _____ )
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment	_____	_____	
b. Automobiles	_____	_____	
c. Leasehold Improvements	_____	_____	_____
d. Other (Identify) _____	_____	_____	_____
e. Less Accumulated Depreciation	( _____ )	( _____ )	( _____ )
<b>18. Total Fixed Assets</b>	_____	_____	_____
<b>19. TOTAL ASSETS:</b>	_____	_____	_____

Company Name:

Period Ending:

**BALANCE SHEET  
LIABILITIES AND NET WORTH**

<b>CURRENT LIABILITIES:</b>		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other Liabilities (Identify) _____		
<b>10. Total Current Liabilities</b>		
<b>LONG TERM LIABILITIES:</b>		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify) _____		
<b>15. Total Long Term Liabilities</b>		
<b>16. Total Liabilities</b>		
<b>NET WORTH:</b>		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify) _____		
21. Less: Treasury Stock		
22. Total Net Worth		
<b>23. TOTAL LIABILITIES AND NET WORTH</b>		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
<b>26. STATUTORY NET WORTH</b>		

Company Name:

Period Ending:

**STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

<b>INCOME</b>	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	_____
2. Interest Earned	_____
3. Other Income (Identify) _____	_____
<b>4. Total Income</b>	_____
<b>EXPENSES</b>	
5. Salaries	_____
6. Claims Expense	_____
7. Commissions	_____
8. General Expenses (Schedule F, Page 10)	_____
<b>9. Total Expenses</b>	_____
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	_____
11. Extraordinary Item (Explain) _____	_____
12. Federal and State Income Taxes	_____
<b>13. Total Taxes &amp; Extraordinary Items (Line 11 + Line 12)</b>	_____
<b>NET INCOME AND RETAINED EARNINGS</b>	
14. Net Income (Line 10 - Line 13 above)	_____
15. Retained Earnings, December 31, Previous Year	_____
16. Less: Distributions/Dividends Paid Out	( _____ )
17. Other (Identify) _____	_____
<b>18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR</b> (Enter on Line 19, Page 5)	_____

Company Name:

Period Ending:

**SCHEDULE A**  
**Cash on Hand & On Deposit**  
(See Note Below)

Check if Not Applicable

<b>Name and Location of Funds</b>	<b>Balance</b>
Other (amounts not listed in detail)	
<b>Total (Should Equal Line 1, Page 4):</b>	

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Period Ending:

**SCHEDULE B  
Investments**  
(See Note Below)

Check if Not Applicable

<b>Description</b>	<b>Face Value or Number of Shares</b>	<b>Market Value</b>	<b>Cost (Book)</b>
Other (amounts not listed in detail)			
<b>Total (Should Equal Line 2 + Line 8, Page 4):</b>			

**SCHEDULE C  
Accounts / Notes Receivable**  
(See Note Below)

Check if Not Applicable

<b>Description / Name</b>	<b>Security</b>	<b>Balance</b>
Other (amounts not listed in detail)		
<b>Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):</b>		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".



Company Name:

Period Ending:

**SCHEDULE D**  
**Real Estate Owned / Mortgages Payable**  
(See Note Below)

Check if Not Applicable

<b>Location and Description</b>	<b>Market Value</b>	<b>Cost (Book)</b>	<b>Mortgage Balance</b>
Other (amounts not listed in detail)			
<b>Total (Should Equal Line 14, Page 4 and Line 11, Page 5):</b>			

**SCHEDULE E**  
**Notes Payable**  
(See Note Below)

Check if Not Applicable

<b>Name of Creditor</b>	<b>Collateral</b>	<b>Balance</b>
Other (amounts not listed in detail)		
<b>Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):</b>		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Period Ending:

**SCHEDULE F  
General Expenses**

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
<b>Total General Expenses (Must Equal Line 8, Page 6):</b>	

Company Name:

Period Ending:

**SCHEDULE G  
Unearned Premium Reserve**

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
<b>Totals *</b>					

\* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

Company Name:

Period Ending:

**EXHIBIT I  
Premium Earned**

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	( _____ )
5. Unearned Premium as of	( _____ )
<b>6. Premiums Earned Year to Date</b> (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

**EXHIBIT II  
Legal Expense Plans in Place - Nationwide, Including FLORIDA**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
<b>5. Plans in Place as of</b> (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

**EXHIBIT III  
Legal Expense Plans in Place - FLORIDA Only**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
<b>5. Plans in Place as of</b> (1 + 2 - 3 - 4 = 5)	_____	_____

**EXHIBIT IV  
Required Deposit for Legal Expense Plans in Place**

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Period Ending:

**LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL**

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flojr.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
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								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Period Ending:

**LIST OF COMPANIES**

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
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							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Period Ending:

**Office of Insurance Regulation**  
*Specialty Product Administration*

**LEGAL EXPENSE INSURANCE CORPORATION**

Licensee: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

**Quarterly Report Filing Fee**

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$25	10	34	F	3001

**STAPLE CHECK FOR \$25.00 HERE**

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
POST OFFICE BOX 6100  
TALLAHASSEE, FL 32314-6100

[Print this page](#)

Company Name:

Period Ending:

## SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final