

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE

SECTION 38.2-1342 REPORT  
For the year ended December 31, 2010

**This Report should be filed in accordance with Administrative Letter 2003-8.**

**Business Transacted with Producer-Controlled Property and Casualty Insurer Act**  
(§§ 38.2-1341 through 38.2-1346 of the Code of Virginia) **(the Act)**

*INSTRUCTIONS: Each domestic "insurer" licensed to write any form of property or casualty insurance in the Commonwealth of Virginia is required to file this form. Each foreign and alien "insurer" that is not domiciled and licensed in an accredited state, and is licensed to write any form of property or casualty insurance in the Commonwealth of Virginia [[Link to NAIC list of accredited states](#)], is required to file this form. An "accredited state" means a state in which the insurance department or regulatory agency responsible for administering the insurance laws of that state has qualified as meeting the minimum financial regulatory standards promulgated and established from time to time by the National Association of Insurance Commissioners' Financial Regulation Standards and Accreditation Program. All such insurers, as defined by the Act,<sup>1</sup> shall complete Section I and the Certification. Any insurer which is "controlled" by a "producer" shall complete Section II. All other insurers shall complete Section III indicating that the requirements of the Act have been reviewed and there is no controlling producer information to be reported. This form is to be filed along with the insurer's annual statement with the Financial Regulation Division of the Virginia State Corporation Commission, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218.*

**SECTION I**

**To be Completed by Each Licensed Property and/or Casualty Insurer**

Insurer's Group No./NAIC Co. Code: \_\_\_\_\_ / \_\_\_\_\_ State of Domicile: \_\_\_\_\_

Reporting Insurer's Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

This form was completed by: \_\_\_\_\_

Telephone: \_\_\_\_\_

<sup>1</sup> The Act defines key terms, including "insurer," "producer" and "control." Generally, "**insurer**" means any insurer licensed in Virginia to write any form of property or casualty insurance. As defined by the Act, the term "insurer" does not include risk retention groups (as defined by § 38.2-5101 of the Code of Virginia), residual market and joint underwriting authorities and associations, and certain captive insurers. As used in the Act, a "**producer**" is any person subject to licensure in Virginia as an insurance agent, managing general agent or reinsurance intermediary; and, as such, the term includes also surplus lines brokers. Persons subject to substantially similar licensure provisions of another state also qualify as "producers" subject to the Act when acting on behalf of an insurer. "**Control**" has the meaning found in § 38.2-1322 of the Code of Virginia, a section in Virginia's Insurance Holding Company Act.

**SECTION II**  
**To Be Completed by Any Insurer That Is A Producer-Controlled Insurer**

*NOTE: Insurers completing Section II shall prepare and attach as Exhibit A a listing identifying each Controlling Producer. For each producer the listing shall show: (i) name, (ii) complete mailing address, (iii) the aggregate amount of gross written premium on business placed by the producer with the Insurer during the most recent calendar year, and (iv) the percentage such amount represents of the Insurer's total admitted assets as reported in the annual statement filed as of December 31.*

\_\_\_\_\_ is a "Controlled Insurer" (Insurer), as  
 (Name of Insurer)  
 defined by the provisions of the Act, and responds as follows:

*To each question, respond Yes, No or N/A (not applicable), whichever is most appropriate.*

- |   | YES   | NO    | N/A   |
|---|-------|-------|-------|
| 1. Has the Insurer attached an Exhibit A, as prescribed by the instructions to this form, fully disclosing the identity of each Controlling Producer with whom it transacts business? _____ | _____ | _____ | _____ |
| 2. Has the Insurer notified all such Controlling Producers of the requirements of the Act? _____  | _____ | _____ | _____ |
| 3. If the Insurer is domiciled in Virginia, has it complied with all of the provisions of the Act? _____  | _____ | _____ | _____ |
| 4. If the Insurer is not domiciled in Virginia, can it demonstrate substantial compliance with the provisions of the Act? _____   | _____ | _____ | _____ |

**SECTION III**  
**To Be Completed by Insurers that are NOT Producer-Controlled**

\_\_\_\_\_ is not issuing any property or casualty  
 (Name of Insurer)  
 insurance coverages that are or may be reportable in accordance with the provisions of the Act.

**CERTIFICATION**

I hereby certify under penalty of perjury that the foregoing statements and information appearing in Sections I and \_\_\_\_\_ ( enter II or III, whichever is appropriate) are true and correct to the best of my knowledge and belief.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_, being duly sworn according to law,  
(Name of Officer)

deposes and says that the answers to the questions and the declarations contained in this report are true and correct.

\_\_\_\_\_  
(Signature of Officer) (Title)

State of \_\_\_\_\_

City/County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_