SPFC ATTESTATION REPORT

SPFC Name: _____

For Period ending: _____, 20___

For the person who completed this form:
Name: _____
Title: _____
Phone Number: _____
Date completed: _____

1. **Name of the Compan(ies) and/or Corporation(s) who directly/indirectly own or control the SPFC.** (Please provide full Company names)

   _____
   _____
   _____

2. Capitalization of SPFC

CAPITAL STOCK OF SPFC

Class	# Shares Authorized	# Shares Outstanding	Par Value
Preferred			
Common			

Please check one:
The Company: ☐ Is in a warehousing phase ☐ Has implemented the securitization

SURPLUS NOTES ISSUED BY SPFC
Aggregate Surplus Notes that can be issued (per Order): $_____
Total Surplus Notes issued and outstanding, as of 12/31: $_____

Issued during current year: (list each separately) **Check if none issued in current year** ☐

Series	Amount Issued	Date Issued

REVIEW OF SERVICE PROVIDERS

3. Actuarial and Audit Service Providers as of 12/31/___:

Function	**Service Provider**	**Changes made during year?**	
		Y	**N**
Actuarial Firm & Name of Independent Actuary			
CPA Firm & Name of Partner			

4. Does the CPA Firm provide any services (other than the annual audit) for the SPFC or its Parent Corporation? ☐ **Yes** ☐ **No**

   If yes, please describe the additional services provided, and what steps are taken to minimize potential conflicts of interest: _____
   _____
   _____

REVIEW OF COMPANY'S TRANSACTION(AL) DOCUMENTS

5. Has the SPFC made any changes to any of the following documents during the current year?:

Document	**Changes made?**		**Effective Date of Change(s)**	**DOI Notified?**	
	Y	**N**		**Y**	**N**
Plan of Operations					
Articles of Incorporation					
Company Bylaws					
Deal Model Output / Proformas					
Reinsurance Agreement(s)					
Trust Agreement(s)					
Tax Sharing Agreement					
Administrative Services Agreement					
Custodial Agreement					
Investment Advisory Agreement					
Promissory Note Agreement					
Fiscal Agency Agreement					
ISDA Agreements (and/or supporting docs)					
Retrocession Reinsurance Agreement (if app)					
Other _____.					
Other _____.					

NOTE: The above list is not meant to be an all-inclusive listing of the agreements for each transaction; instead, it is a listing of key documents for each SPFC. There may be instances where an SPFC has multiple agreements – in that case, you can answer it in the collective, and elaborate further (as needed) on a separate sheet of paper.

6. Are the SPFC's investments maintained in accordance with their Investment Policy?
   ☐ **Yes** ☐ **No**
   Person(s)/Committee(s) responsible for monitoring _____
   _____

7. Has there been any change in the Company's Officers/Directors during the current year?
   ☐ **Yes** ☐ **No**
   If "Yes", please provide a brief description of the changes that were made.

8. Is the Company an accredited reinsurer?
   ☐ **Yes** ☐ **No**
   If Yes, list the state in which the Company is an accredited reinsurer: _____

9. Please fill in the following table for assets held in trust by the Company:

Account Number	Brief Description of Related Liability	Book Value as of 12/31	Market Value as of 12/31	Related Liability Amount as of 12/31	Excess/ (Deficiency)

Comments: _____
_____