



**LOUISIANA DEPARTMENT OF INSURANCE**  
 TAX DIVISION  
 P. O. BOX 94214  
 BATON ROUGE, LA 70804-9214  
 PHONE (225) 342-1012 FAX (225) 342-9708  
<http://www.lidi.state.la.us>

**FORM 1262.1**  
**APPROVED UNAUTHORIZED INSURER**  
**PRODUCER PRODUCTION REPORT**  
**FOREIGN**

**DUE APRIL 15, 2010**

			NAIC Number	
I. Insurer Information:				
Insurance Company Name		Contact Person Name		
Address		Contact Person Title		
		Contact Person E-Mail Address		
		Contact Person Phone Number		
Annual Louisiana Policies Written	Annual Louisiana Premium Written	Disk/CD Included?	Annual Statement Date	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>NOTICE: IF PREMIUM AND POLICIES WRITTEN EQUAL ZERO, COMPANY DOES NOT HAVE TO FILE DISKETTE.</b>				

**II. Statutory Requirements:**

Louisiana Revised Statutes 22:436 B(1)(d) states the following:

- B.(1) *To obtain and maintain placement on the list of approved unauthorized insurers, a foreign insurer shall comply with the provisions of R.S. 22:435 applicable to foreign insurers and shall annually file with the commissioner the following:*
- (d) *A copy of the producer production report in a form required by the commissioner listing all business placed with the company by licensed surplus lines brokers. The report shall be filed with the Department of Insurance no later than April fifteenth of each year.*

**III. Filing Requirements:**

In order to comply with the filing requirement in L.R.S. 22:436 B(1)(d), all foreign approved unauthorized insurers must comply with the following instructions concerning the filing and format of the Producer Production Report:

1. Filing Instructions:

The Producer Production Report (PPR) and all required attachments are due to be filed annually on or before **April 15**. In addition, all unauthorized insurers currently on the "white list" must pay an annual **\$1,050.00** fee by **March 1** per L.R.S. 22:821B(17). Both the PPR and fee **must** be mailed to the attention of the **Tax Division** at the address listed on the top of this form.

Filings will be considered timely if the U. S. Postal Service postmark is on or before the respective due date. If sent by any carrier other than the U. S. Postal Service, filings will be considered timely if received by the Louisiana Department of Insurance no more than one day after the respective due date.

2. Producer Production Report – **Required Attachments:**

- a. A copy of Schedule T of Annual Statement
- b. A copy of Louisiana Page 19 of Annual Statement (statutory page 14) - Exhibit of Premiums and Losses

3. Producer Production Report Format and Requirements:

The total premium reported on the producer production report must reconcile with the total premium reported for Louisiana on Schedule T and Page 15 of the Annual Statement. PPR information must be filed on a 3½" computer diskette or CD in a **spreadsheet** format (i.e. Excel). The PPR disk must include the information requested in Table A and Table B on page 2 of this form in the order it appears with no exceptions. Do not use passwords or other security measures to protect data on the disc/CD. The data must be available for analysis by the Louisiana Department of Insurance.

**TABLE A** **Producer Production Report Header** - list only once and at the top left position on the spreadsheet.

DATA ROW DESCRIPTION	CONTENT TYPE
NAIC NUMBER	NUMERIC
INSURANCE COMPANY NAME	TEXT
COMPANY ADDRESS	ALPHANUMERIC
COMPANY CITY, STATE AND ZIP CODE	ALPHANUMERIC
INSURER CONTACT PERSON NAME	TEXT
INSURER CONTACT PERSON TITLE	TEXT
INSURER CONTACT PERSON PHONE NUMBER	NUMERIC
ANNUAL STATEMENT YEAR	NUMERIC

**TABLE B** **Producer and Policy Information** - list data horizontally across spreadsheet for each policy or amendment to each policy allocated to Louisiana.

COLUMN HEADINGS & DATA ROW DESCRIPTION	COLUMN CONTENT TYPE
PRODUCER NAME	TEXT
LOUISIANA LICENSED SURPLUS LINES BROKER (Y/N) <sup>1</sup>	TEXT
LOUISIANA LICENSED SURPLUS LINES BROKER NUMBER	NUMERIC
PRODUCER ADDRESS	TEXT
PRODUCER CITY	TEXT
PRODUCER STATE	TEXT
PRODUCER ZIP CODE	NUMERIC
PRODUCER PHONE NUMBER	NUMERIC
POLICY NUMBER	ALPHANUMERIC
POLICY EFFECTIVE DATE	MMDDYY (NUMERIC)
POLICY EXPIRATION DATE	MMDDYY (NUMERIC)
CERTIFICATE NUMBER <sup>2</sup>	ALPHANUMERIC
CERTIFICATE EFFECTIVE DATE <sup>3</sup>	MMDDYY (NUMERIC)
CERTIFICATE EXPIRATION DATE <sup>3</sup>	MMDDYY (NUMERIC)
INSURED NAME	TEXT
INSURED ADDRESS	ALPHANUMERIC
INSURED CITY	TEXT
INSURED STATE	TEXT
INSURED ZIP CODE	NUMERIC
NET PREMIUM <sup>4</sup>	NUMERIC (INCLUDE CENTS, WITH DECIMAL".")

- 1 Enter "Y" if Producer is a Louisiana licensed surplus lines broker. Enter "N" if Producer is not licensed in Louisiana as a surplus lines broker. Never leave field blank; if uncertain whether Producer is licensed in Louisiana, enter "N".
- 2 Enter certificate number if and only if policy number listed above applies to a master policy. The master policy number must be entered in the policy number field for the certificate field to be valid. If a master policy has no expiration date, enter 000000 in the field provided for the policy expiration.
- 3 Enter certificate dates only if certificate number field is completed.
- 4 For the PPR, net premium is the itemized premium items that when summed equal the total premium reported on the Annual Statement Schedule T for Louisiana. If net premium is a negative amount, place a minus sign (-) in front of the amount.

NAIC NUMBER:

COMPANY NAME:

**General Reporting Information**

- ▶ Use " / or - " for all dates.
- ▶ Phone numbers should include area code.
- ▶ Identify negative amounts by placing a minus sign (-) in front of the amount.

**The following checklist summarizes all of the filing requirements for the Louisiana Department of Insurance, Tax Division:**

<u>DUE MARCH 1</u>	<u>DUE APRIL 15</u>
<input type="checkbox"/> \$1,050.00 ANNUAL FEE	<input type="checkbox"/> FORM 1262.1 - COMPLETED <input type="checkbox"/> 3 1/2" DISKETTE or CD (Formatted according to Tables A & B, Page 2) <input type="checkbox"/> COPY OF ANNUAL STATEMENT SCHEDULE T <input type="checkbox"/> COPY OF ANNUAL STATEMENT LA. PAGE 19

**Certification**

I, \_\_\_\_\_, do hereby certify that I am  
Name and Title  
 an officer of \_\_\_\_\_, and the information reported on  
Insurer's Name  
 this form is complete, true, and accurate and is representative of compliance with L.R.S. 22:432, 435, and 436 to the best of my knowledge, information, and belief:

\_\_\_\_\_  
Officer of Insurer

\_\_\_\_\_  
Date