



LOUISIANA DEPARTMENT OF INSURANCE
 TAX DIVISION
 P. O. Box 94214
 BATON ROUGE, LA 70804-9214
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<http://www.lidi.la.gov>

2019 FORM 1262.1
APPROVED UNAUTHORIZED INSURER
PRODUCER PRODUCTION REPORT
FOREIGN

DUE APRIL 15, 2020

| | | | |
|---|---------------------------------------|---|-----------------------|
| I. Insurer Information: <i>(In addition, please complete the Address & Contact Information Addendum)</i> | | | NAIC Number |
| Insurance Company Name | | Contact Person Name | |
| Address | | Contact Person Title | |
| | | Contact Person E-Mail Address | |
| | | Contact Person Phone Number | |
| 2019 Annual Louisiana # Policies Written | 2019 Annual Louisiana Premium Written | Spreadsheet Included? <input type="checkbox"/> Yes <input type="checkbox"/> No | Annual Statement Date |
| NOTICE: IF PREMIUM AND POLICIES WRITTEN EQUAL ZERO, COMPANY DOES NOT HAVE TO FILE SPREADSHEET. | | | |

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). The fee **must** be paid online or mailed to the attention of the **Tax Division** at the address listed on the top of this form. The PPR must be uploaded through the Industry Access Portal on the Department of Insurance website.

2. Producer Production Report Format and Requirements:

PPR information must be uploaded in a **spreadsheet** format (i.e. Excel). The PPR 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 spreadsheet. 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) ¹ | 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 ² | ALPHANUMERIC |
| CERTIFICATE EFFECTIVE DATE ³ | MMDDYY (NUMERIC) |
| CERTIFICATE EXPIRATION DATE ³ | MMDDYY (NUMERIC) |
| INSURED NAME | TEXT |
| INSURED ADDRESS | ALPHANUMERIC |
| INSURED CITY | TEXT |
| INSURED STATE | TEXT |
| INSURED ZIP CODE | NUMERIC |
| NET PREMIUM ⁴ | 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:

DUE MARCH 1, 2020 via mail or Online

\$1,050.00 ANNUAL FEE

DUE APRIL 15, 2020 via Online Download

FORM 1262.1 – COMPLETED with addendum

Spreadsheet
(Formatted according to Tables A & B, Page 2)

EVIDENCE OBTAINED FROM THE DOMICILIARY JURISDICTION SHOWING THE TYPES OF INSURANCE THE INSURER MAY WRITE IN THAT JURISDICTION. ACCEPTABLE DOCUMENTS INCLUDE A CERTIFICATE OF COMPLIANCE OR A COPY OF DOMICILIARY CERTIFICATE OF AUTHORITY CERTIFIED WITHIN NINETY DAYS OF SUBMISSION THAT CLEARLY STATES WHAT LINES OF INSURANCE WHICH THE INSURER MAY WRITE

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

ADDRESS AND CONTACT INFORMATION ADDENDUM

| | | |
|---|--------|------|
| DOMICILE ADDRESS: Below give the domiciliary address of the insurer. | | |
| Address: | | |
| | | |
| City: | State: | Zip: |

| | | |
|--|--------|------|
| MAILING ADDRESS: Below give the mailing address of the insurer. | | |
| Address: | | |
| | | |
| City: | State: | Zip: |

| | | |
|---|--------|------|
| ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the insurer. | | |
| Address: | | |
| | | |
| City: | State: | Zip: |

| | | |
|---|----------------|------|
| PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom this Department should communicate. | | |
| Name: | | |
| Address: | | |
| | | |
| City: | State: | Zip: |
| Phone Number: | Email Address: | |

| | | |
|---|----------------|------|
| COMPLAINT CONTACT: Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed. | | |
| Name: | | |
| Address: | | |
| | | |
| City: | State: | Zip: |
| Phone Number: | Email Address: | |

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| WEB ADDRESS: If the insurer maintains a web site, give the URL or World Wide Web address of the site. |
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