



Control Number _____
(Treasury use)

Annual Statement Line of Business	Direct Earned Premium
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$

G. **Step 2:** Direct Earned Premium included in the numbers reported under Letter F that apply to insurance coverage **not** to be included for purposes of TRIA. See instructions for guidance.

Annual Statement Line of Business	Direct Earned Premium Not to be Included per TRIA	Reason for Exclusion of Premium
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<i>(add more lines as needed)</i>		
TOTAL:	\$ 	

H. **Step 3:** Direct Earned Premium, for lines of business included for purposes of TRIA, that were included in the numbers reported under Letter F and were ceded to a state residual market under a servicing carrier arrangement. See instructions for guidance.

Annual Statement Line of Business	Direct Earned Premium Ceded to Residual Market	Name of Residual Market for Which Insurer Serves as Servicing Carrier	State of Residual Market
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
<i>(add more lines as needed)</i>			
TOTAL:	\$ 		

I. **Step 4:** Direct Earned Premium for lines of business subject to TRIA that were **not** included in the numbers reported under Letter F and were distributed to the insurer by commercial lines state residual market entities.

Annual Statement Line of Business	Earned Premium Received From Residual Markets	Name of Residual Market Entity	State of Residual Market
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

