

APPENDIX 22

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

FORM ARA

ANNUAL REPORT FOR COMPANIES ENGAGED DIRECTLY IN BUSINESS
PURSUANT TO SECTION 1714

INSTRUCTIONS/ANSWER ALL QUESTIONS. IF QUESTION IS NOT APPLICABLE, SO INDICATE.

1. _____
Name of Insurer
2. _____
Activity Engaged In
3. _____ 4. _____
Date Activity Was First Engaged In Date of Filing
5. Attach as Exhibit A a full description of the nature of the activity to be engaged in directly by the insurer.
6. Attach as Exhibit B a description of any changes with respect to any of the information or material supplied in connection with the Notice required by Section 81-2.6 of Regulation 115 or the previous Annual Report. If the Notice required by Section 81-2.6 of Regulation 115 has never been provided for this activity, furnish the answers that would have been provided for questions 6, 7, 8, 9, and 10 of that notice.
7. Attach as Exhibit C a statement of income and expense for the most recent calendar year.
8. Indicate for the most recent calendar year profit (loss). _____.
9. If the activity produces a deficit, attach as Exhibit D, a plan for the reduction of the deficit or a statement as to why a deficit is to be carried forward.
10. Attach as Exhibit E a projection of income and expenses for the activity for the following calendar year.
11. Attach as Exhibit F any additional information necessary to prevent this report from being misleading or incomplete, including events subsequent to the end of the calendar year.
12. Do you wish to except any part or parts of this filing from disclosure pursuant to paragraph (d) of section 87.2 of the Public Officers Law or *Section 1709 of the Insurance Law*, all as permitted by section 81-2.9 of Regulation 115?
..... Yes _____ No _____.

If answer is yes, indicate which part or parts as Exhibit G.

13. Name, title, signature and telephone number of officer responsible for preparing this report.

Name (Print)

Title

Signature

Telephone Number