



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
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
(add more lines as needed)		
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
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
(add more lines as needed)			
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
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____



Control Number _____
(Treasury use)

Annual Statement Line of Business	Earned Premium Received From Residual Markets	Name of Residual Market Entity	State of Residual Market
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
(add more lines as needed)			
TOTAL: \$ <input type="text"/>			

J. Complete the following formula in order to determine the insurer's Calendar Year deductible.

(F) Step 1 Total: \$		+	(I) Step 4 Total: \$	
-				
(G) Step 2 Total: \$		+	(H) Step 3 Total: \$	
=				
Direct Earned Premium: \$				
× 0.20 Deductible Factor				
= Insurer Deductible under TRIA \$				

K. Certification

I hereby certify that the Direct Earned Premium data, calculations, and supporting documentation used to determine the insurer deductible are accurate and complete to the best of my information, knowledge, and belief. Any false or fraudulent statements or claims may subject the insurer or signatory to criminal, civil, and/or administrative penalties.

Name	Officer Title	Date

Signature

Notice under the Paperwork Reduction Act

We estimate it will take you about 6.5 hours to complete this form. However, you are not required to provide the information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Terrorism Risk Insurance Program Office, Department of the Treasury, 1500 Pennsylvania Avenue NW, Room 1410 MT, Washington, DC 20220. Do not send completed forms to this address. Submit forms according to instructions provided at <https://tripclaims.treas.gov/TRIP/>.