

Department of Homeland Security  
Federal Emergency Management Agency

OMB Control Number: 1660-0020  
Title: Write Your Own (WYO) Program  
Expiration Date: 10-31-08  
FEMA Form Number 129-1

Public reporting burden for this form is estimated to average 35 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0020) **NOTE: Do not send your completed form to this address.**

FSBLKFiscal2008

KEY IN GRAY SHADED AREAS ONLY

Revised Format 10/1/2007

REVISED 5/29/2008 to update for  
mid-year expense allowance and ULAE

EXHIBIT I  
INCOME STATEMENT

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

		CURRENT MONTH		FISCAL YEAR-TO-DA
100.	WRITTEN PREMIUM	\$ 0	\$	0
105.	CHANGE IN UNEARNED PREMIU	0		0
110.	EARNED PREMIUM	\$ 0	\$	0

EXPENSES

115.	NET PAID LOSSES	0	0
120.	ALLOCATED LAE (LINE 500)	0	0
125.	OTHER LOSS & LAE ITEMS (LINE 660)	0	0
130.	CHANGE IN LOSS & LAE RESERVES (LINES 325 THRU 340 COL.C)	0	0
135.	NET LOSS & LAE INCURRED	0	\$ 0
140.	EXPENSE ALLOWANCE (LINE 430)	0	0
150.	MISCELLANEOUS EXPENSE	0	0
155.	TOTAL EXPENSES	\$ 0	\$ 0
160.	OPERATING INCOME (LOSS)	0	0
165.	INTEREST INCOME (LINE 710)	0	0
170.	NET POLICY SERVICE FEES	0	0
175.	NET INCOME (LOSS)	\$ 0	\$ 0

PREPARER'S NAME: **REQUIRED FIELD**  
 PHONE NUMBER: **REQUIRED FIELD**

WYO ACCOUNTING PROCEDURES (MANUAL)  
 PART B

EFFECTIVE : 10/1/2005

EXHIBIT II  
 RECONCILIATION OF PAYABLE/RECEIVABLE BALANCE

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
 PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

		CURRENT MONTH	FISCAL YEAR-TO
200.	BEGINNING PAYABLE/REC. BALANCE(LINE315, COL.B)	0	0
205.	NET INCOME (LOSS) (LINE 175)	0	0
210.	LOC FUNDS RECEIVED		

	(LINE 800)	0	0
215.	DISBURSEMENT TO NFIP (LINE 805)	0	0
220.	ENDING PAYABLE/RECEIVABLE BALANCE (LINE 315, COL.A)	0	0

EXHIBIT III  
BALANCE SHEET ITEMS

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

		A	B	C	D
		CURRENT MONTH	PRIOR MONTH	INCREASE (DECREASE) (COLS.A-B)	BEGINNIN FISCAL Y
300.	CASH	0	0	0	0
305.	CASH - NOT TRANSFERRED TO RESTRICTED ACCT.	0	0	0	0
310.	CASH - NOT				

	TRANSFERRED FROM RESTRICTED ACCT.	0	0	0	0
312.	CLAIMS PAYABLE**	0	0	0	0
315.	PAYABLE TO (RECEIVABLE FROM) NFIP	0	0	0	0
320.	UNEARNED PREMIUM RESERVES	0	0	0	0
325.	LOSS RESERVES (CASE)	0	0	0	0
330.	LOSS RESERVES (IBNR)	0	0	0	0
335.	LAE RESERVES-CASE (ALLOCATED)	0	0	0	0
336.	LAE RESERVES-IBNR (ALLOCATED)	0	0	0	0
340.	LAE RESERVES (UNALLOCATED)	0	0	0	0
345.	PREMIUM SUSPENSE (UNDER 60 DAYS)	0	0	0	0
346.	PREMIUM SUSPENSE (60 DAYS OR OVER)	0	0	0	0
	TOTALS	0	0	0	0

PLEASE SHOW DEBITS AS POSITIVE NUMBERS & BRACKET ALL CREDITS.  
THE COLUMNS MUST ADD TO ZERO (-0-).

\* UPON TREASURY DEPARTMENT'S REQUEST, WYO COMPANY MUST PROVIDE SUPPORTED AGED DETAIL FOR THE REPORTED BALANCE. COMPANIES WILL BE NOTIFIED WHEN SUCH A REQUEST IS MADE.

#### EXHIBIT IV EXPENSE ALLOWANCE CALCULATION

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

EXPENSE ALLOWANCE	CURRENT MONTH	FISCAL YEAR-TO-
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400.	WRITTEN PREMIUM	0	0
<b>(Use 10/1/07 through 5/31/2008 data months)</b>			
405.	EXPENSE ALLOWANCE % A	30.2%	30.2%
410.	EXPENSE ALLOWANCE FOR WRITTEN PREMIUM	0	0
411.	WRITTEN PREMIUM	0	0
<b>(Use 6/1/08 thru 9/30/2008 data months)</b>			
412.	EXPENSE ALLOWANCE % B	29.7%	29.7%
413.	EXPENSE ALLOWANCE FOR WRITTEN PREMIUM B	0	0
414.	SUBTOTAL EXPENSE ALLOWANC	0	0
415.	CANCELLATION PREMIUM REFUND ADJUSTMENT BASE	0	0
420.	COMMISSION ALLOWANCE %	15%	15%
425.	CANCELLATION COMMISSION RETENTION	0	0
426.	EXPENSE ALLOWANCE ADJUSTM FOR BONUS COMMISSION	0	0
427.	RATING ORGANIZATION EXPEN	0	0
428.	STATE SALES TAX ON INSURANCE SERVICES	0	0
429.	PRIOR TERM REFUND EXPENSE ALLOWANCE DUE THE NFIP	0	0
430.	TOTAL EXPENSE ALLOWANCE	0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005  
UPDATED: 6/1/2008

EXHIBIT V-A  
FEE SCHEDULE - ALLOCATED LAE  
(USE FOR CLAIMS WITH DATE OF LOSS OF 9/30/90 AND PRIOR)

COMPANY NAME : YOUR COMPANY NAME	COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED	PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR	A	B	C	D
ENTRY VALUE RANGE	NUMBER CLOSED	FEE	FEE PD (BxI)			
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0			

CWP					
0.01-	200.00	0	70.00	0	0
200.01-	400.00	0	70.00	0	0
400.01-	600.00	0	90.00	0	0
600.01-	800.00	0	110.00	0	0
800.01-	1000.00	0	130.00	0	0
1000.01-	1500.00	0	150.00	0	0
1500.01-	2000.00	0	180.00	0	0
2000.01-	2500.00	0	200.00	0	0
2500.01-	3000.00	0	220.00	0	0
3000.01-	3500.00	0	240.00	0	0
3500.01-	4000.00	0	260.00	0	0
4000.01-	4500.00	0	280.00	0	0
4500.01-	5000.00	0	300.00	0	0
5000.01-	6000.00	0	320.00	0	0
6000.01-	7000.00	0	350.00	0	0
7000.01-	8000.00	0	370.00	0	0
8000.01-	9000.00	0	380.00	0	0
9000.01-	10000.00	0	400.00	0	0
10000.01-	15000.00	0	420.00	0	0
15000.01-	20000.00	0	460.00	0	0
20000.01-	25000.00	0	490.00	0	0
25000.01-	30000.00	0	520.00	0	0
30000.01-	35000.00	0	550.00	0	0
35000.01-	40000.00	0	580.00	0	0
40000.01-	45000.00	0	610.00	0	0
45000.01-	50000.00	0	640.00	0	0
50000.01-	75000.00	0	670.00	0	0
75000.01-	100000.00	0	800.00	0	0
100000.01-	125000.00	0	950.00	0	0
125000.01-	150000.00	0	###	0	0
150000.01-	175000.00	0	###	0	0
175000.01-	200000.00	0	###	0	0
200000.01-	LIMITS	0	###	0	0

500-A. \*\*TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-A \$ 0

\*\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REP  
 WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2005  
 PART B

EXHIBIT V-B  
 FEE SCHEDULE - ALLOCATED LAE  
 (USE FOR CLAIMS WITH DATE OF LOSS OF 10/1/90 THROUGH 10/31/96)

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
 PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER CLOSED	C FEE	D FEE PD (BXI)
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ERRONEOUS ASSIGNMENT		0	40.00	\$	0
CWP		0	125.00		0
MINIMUM FOR UPTON-JONES		0	800.00		0
 \$ 0.01- \$600.00		0	150.00		0
600.01- 1000.00		0	175.00		0
1000.01- 2000.00		0	225.00		0
2000.01- 3500.00		0	275.00		0
3500.01- 5000.00		0	350.00		0
5000.01- 7000.00		0	425.00		0
7000.01- 10000.00		0	500.00		0
10000.01- 15000.00		0	550.00		0
15000.01- 25000.00		0	600.00		0
25000.01- 35000.00		0	675.00		0
35000.01- 50000.00		0	750.00		0
50000.01-100000.00		0	###		0
100000.01-150000.00		0	###		0
150000.01-200000.00		0	###		0
200000.01- LIMITS		0	###		0
 EXCESS MILEAGE		0			

500-B. \*\*TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-B \$ 0

\*\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REP

EXHIBIT V-C  
 FEE SCHEDULE - ALLOCATED LAE  
 (USE FOR CLAIMS WITH DATE OF LOSS OF 11/01/96 THROUGH 04/30/97)

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
 PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	550.00	0
15000.01- 25000.00	0	600.00	0
25000.01- 35000.00	0	675.00	0
35000.01- 50000.00	0	750.00	0
50000.01-100000.00	0	3.0%	0
100000.01-250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250000.01- LIMITS	0	2.1% BUT NOT LESS THAN \$5,750.00	0
OTHER FEMA-AUTHORIZED LAE*			0
500-C. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-C			\$ 0

\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPO

EXHIBIT V-D  
FEE SCHEDULE - ALLOCATED LAE  
(USE FOR CLAIMS WITH DATE OF LOSS OF 05/01/97 THROUGH 08/31/04)

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	600.00	0
15000.01- 25000.00	0	750.00	0
25000.01- 35000.00	0	900.00	0
35000.01- 50000.00	0	###	0
50000.01-100000.00	0	3.0%	0
100000.01-250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250000.01- LIMITS	0	2.1% BUT NOT LESS THAN \$5,750.00	0

500-D. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-D \$ 0

\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPO

**EXHIBIT V-E**  
**INCREASED COST OF COMPLIANCE (ICC) FEE SCHEDULE - ALLOCATED LAE**  
**(USE FOR ICC CLAIMS WITH DATE OF LOSS OF 06/01/97 THROUGH 08/31/04)**

COMPANY NAME : YOUR COMPANY NAME

COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
 PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0
CWP	0	125.00	0
\$ 0.01- \$600.00	0	150.00	0
600.01- 1000.00	0	175.00	0
1000.01- 2000.00	0	225.00	0
2000.01- 3500.00	0	275.00	0
3500.01- 5000.00	0	350.00	0
5000.01- 7000.00	0	425.00	0
7000.01- 10000.00	0	500.00	0
10000.01- 15000.00	0	600.00	0
(Use the following Entry Range only for ICC total claims payments greater than \$15,000 but not more than \$20,000, and with a Loss Date of 05/01/00 and later)			
15000.01- 20000.00	0	750.00	0

(Use the following Entry Range only for ICC total claims payments greater than \$15,000 but not more than \$30,000, and with a Loss Date of 05/01/2003 and later)

15000.01- 20000.00	0	750.00	0
25000.01- 30000.00	0	900.00	0

500-E. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-E \$ 0

\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPO

**REVISED EXHIBIT V-F**  
 FEE SCHEDULE - ALLOCATED LAE  
 (USE FOR CLAIMS WITH DATE OF LOSS OF 09/01/04 AND LATER)

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED

PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	60.00	\$ 0
CWP	0	225.00	0
\$ 0.01- 1000.00	0	300.00	0
1000.01- 2500.00	0	425.00	0
2500.01- 5000.00	0	500.00	0
5000.01- 7500.00	0	575.00	0
7500.01- 10000.00	0	650.00	0
10000.01- 15000.00	0	750.00	0
15000.01- 25000.00	0	850.00	0
25000.01- 35000.00	0	###	0
35000.01- 50000.00	0	###	0
50000.01- 100000.00	0	3.0%	0
100000.01- 250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
250,000.01 and up	0	2.1% BUT NOT LESS THAN \$5,750.00	0

**Use the following Allocated LAE Fees for Expedited Claim Handling for Hurricane Katrina and Rita with dates of loss beginning August 24, 2005.**

500-F1	Process 1	0	750.00	0
500-F1S	Process 1 Site Visit	0	400.00	0
500-F2	Process 2	0	750.00	0
500-F2S	Process 2 Site Visit	0	400.00	0
500-F4	Special Adjusting Proce (FEMA Approval Required)	0		0

500-F. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-F \$ 0  
\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPO

EXHIBIT V-G  
INCREASED COST OF COMPLIANCE (ICC) FEE SCHEDULE - ALLOCATED LAE  
(USE FOR ICC CLAIMS WITH DATE OF LOSS OF 9/01/04 AND LATER)

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
 PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

A ENTRY VALUE RANGE	B NUMBER	C FEE	D FEE PAID
ERRONEOUS ASSIGNMENT	0	60.00	\$ 0
CWP	0	225.00	0
\$ 0.01- \$1000.00	0	300.00	0
1000.01- 2500.00	0	425.00	0
2500.01- 5000.00	0	500.00	0
5000.01- 7500.00	0	575.00	0
7500.01- 10000.00	0	650.00	0
10000.01- 15000.00	0	750.00	0
15000.01- 25000.00	0	850.00	0
25000.01- 30000.00	0	###	0
500-G. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-G			\$ 0
500-F. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-F			0
500-E. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-E			0
500-D. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-D			0
500-C. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-C			0
500-B. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-B			0
500-A. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-A			0
500. **TOTAL ALLOCATED LAE FEES PAID			\$ 0

\*UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE REPO

EXHIBIT VI  
 OTHER LOSS & LAE CALCULATION

COMPANY NAME : YOUR COMPANY NAME  
 COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED

PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

		CURRENT MONTH	FISCAL YEAR-TO-
<b>UNALLOCATED L.A.E.PAID</b>			
*	600A. NET PAID LOSSES(LINE 115	0	0
<b>(Use 6/1/08 thru 9/30/08 data months)</b>			
*	605A. CHANGE IN CASE RESERVES(LINE 325, COL C)	0	0
<b>(Use 6/1/08 thru 9/30/08 data months)</b>			
	610. CASE INCURRED LOSSES	0	0
*	611. ULAE INCURRED LOSS %	1.5%	1.5%
*	612. SUBTOTAL ULAE INCURRED LO	0	0
*	613. ULAE NET WRITTEN PREMIUM	1.0%	1.0%
*	614. SUBTOTAL ULAE NET WRITTEN	0	0
*	620A. UNALLOCATED LAE(6/1/08thr	0	0
	620. UNALLOCATED LAE(10/1/07th	0	0
*	620B. TOTAL UNALLOCATED LAE	0	0
<b>SALVAGE &amp; SUBROGATION</b>			
625.	NET SALVAGE RECEIVED	0	0
630.	SALVAGE ALLOWANCE %	10%	10%
635.	SALVAGE CREDIT	0	0
640.	NET SUBROGATION RECEIVED	0	0
645.	SUBROGATION ALLOWANCE %	25%	25%
650.	SUBROGATION CREDIT	0	0
652.	RECOVERY OF LOSSES PAID	0	0
<b>Enter Recovery as a Debit</b>			
<b>SPECIAL ALLOCATED LAE</b>			
655.	SPECIAL ALLOCATED LOSS		
	ADJUSTMENT EXPENSE	0	0
660.	TOTAL OTHER LOSS & LAE		
	ITEMS (SUM OF LINES 620B, 635,650,655)	\$ 0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005  
UPDATED: 6/1/2008

EXHIBIT VII  
INTEREST INCOME

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

	CURRENT MONTH	FISCAL YEAR-TO-DA
700. TOTAL INTEREST RECEIVED	0	0
705. RESTRICTED ACCOUNT CHARGE	0	0
710. TOTAL INTEREST INCOME	0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005  
0

## LETTER OF CREDIT DRAWDOWNS

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

### LOC DRAWDOWNS

	DATE		AMOUNT
	AUGUST 01	FIED	\$ 0
	AUGUST 02	FIED	\$ 0
	AUGUST 03	FIED	\$ 0
	AUGUST 04	FIED	\$ 0
	AUGUST 05	FIED	\$ 0
	AUGUST 06	FIED	\$ 0
	AUGUST 07	FIED	\$ 0
	AUGUST 08	FIED	\$ 0
	AUGUST 09	FIED	\$ 0
	AUGUST 10	FIED	\$ 0
	AUGUST 11	FIED	\$ 0
	AUGUST 12	FIED	\$ 0
	AUGUST 13	FIED	\$ 0
	AUGUST 14	FIED	\$ 0
	AUGUST 15	FIED	\$ 0
	AUGUST 16	FIED	\$ 0
	AUGUST 17	FIED	\$ 0
	AUGUST 18	FIED	\$ 0
	AUGUST 19	FIED	\$ 0
	AUGUST 20	FIED	\$ 0
	AUGUST 21	FIED	\$ 0
	AUGUST 22	FIED	\$ 0
	AUGUST 23	FIED	\$ 0
	AUGUST 24	FIED	\$ 0
	AUGUST 25	FIED	\$ 0
	AUGUST 26	FIED	\$ 0
	AUGUST 27	FIED	\$ 0
	AUGUST 28	FIED	\$ 0
	AUGUST 29	FIED	\$ 0
	AUGUST 30	FIED	\$ 0
	AUGUST 31	FIED	\$ 0
800.	TOTAL	\$	0

EXHIBIT VIII-B  
CASH PAYMENTS TO THE NFIP

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

PAYMENTS TO NFIP		
	DATE	AMOUNT
	AUGUST 01	0
	AUGUST 02	0
	AUGUST 03	0
	AUGUST 04	0
	AUGUST 05	0
	AUGUST 06	0
	AUGUST 07	0
	AUGUST 08	0
	AUGUST 09	0
	AUGUST 10	0
	AUGUST 11	0
	AUGUST 12	0
	AUGUST 13	0
	AUGUST 14	0
	AUGUST 15	0
	AUGUST 16	0
	AUGUST 17	0
	AUGUST 18	0
	AUGUST 19	0
	AUGUST 20	0
	AUGUST 21	0
	AUGUST 22	0
	AUGUST 23	0
	AUGUST 24	0
	AUGUST 25	0
	AUGUST 26	0
	AUGUST 27	0
	AUGUST 28	0
	AUGUST 29	0
	AUGUST 30	0
	AUGUST 31	0
805. B	TOTAL	\$ 0
805. C	CREDIT CARD PAYMENTS	0
805. D	INTERNET PAYMENTS	0
805. E	WIRE TRANSFER PAYMENTS	0
805	TOTAL PAYMENTS TO NFIP	0

EXHIBIT VIII-C  
CREDIT CARD PAYMENTS TO NFIP

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

	DATE	AMOUNT
	AUGUST 01	FIED \$ 0
	AUGUST 02	FIED 0
	AUGUST 03	FIED 0
	AUGUST 04	FIED 0
	AUGUST 05	FIED 0
	AUGUST 06	FIED 0
	AUGUST 07	FIED 0
	AUGUST 08	FIED 0
	AUGUST 09	FIED 0
	AUGUST 10	FIED 0
	AUGUST 11	FIED 0
	AUGUST 12	FIED 0
	AUGUST 13	FIED 0
	AUGUST 14	FIED 0
	AUGUST 15	FIED 0
	AUGUST 16	FIED 0
	AUGUST 17	FIED 0
	AUGUST 18	FIED 0
	AUGUST 19	FIED 0
	AUGUST 20	FIED 0
	AUGUST 21	FIED 0
	AUGUST 22	FIED 0
	AUGUST 23	FIED 0
	AUGUST 24	FIED 0
	AUGUST 25	FIED 0
	AUGUST 26	FIED 0
	AUGUST 27	FIED 0
	AUGUST 28	FIED 0

AUGUST	29	FIED
AUGUST	30	FIED
AUGUST	31	FIED

0
0
0

800-C	TOTAL CREDIT CARD PAYMENT	\$	0
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EXHIBIT VIII-D  
INTERNET PAYMENTS TO NFIP

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

	DATE	AMOUNT
AUGUST	01	FIED \$ 0
AUGUST	02	FIED 0
AUGUST	03	FIED 0
AUGUST	04	FIED 0
AUGUST	05	FIED 0
AUGUST	06	FIED 0
AUGUST	07	FIED 0
AUGUST	08	FIED 0
AUGUST	09	FIED 0
AUGUST	10	FIED 0
AUGUST	11	FIED 0
AUGUST	12	FIED 0
AUGUST	13	FIED 0
AUGUST	14	FIED 0
AUGUST	15	FIED 0
AUGUST	16	FIED 0
AUGUST	17	FIED 0
AUGUST	18	FIED 0
AUGUST	19	FIED 0
AUGUST	20	FIED 0
AUGUST	21	FIED 0
AUGUST	22	FIED 0
AUGUST	23	FIED 0
AUGUST	24	FIED 0
AUGUST	25	FIED 0
AUGUST	26	FIED 0
AUGUST	27	FIED 0
AUGUST	28	FIED 0
AUGUST	29	FIED 0

AUGUST 30 FIED  
AUGUST 31 FIED

0  
0

800-D TOTAL INTERNET PAYMENTS \$ 0

WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2005  
PART B

EXHIBIT VIII-E  
WIRE TRANSFER TO NFIP (GREATER THAN \$ 100,000)

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

	DATE	AMOUNT
	AUGUST 01	FIED \$ 0
	AUGUST 02	FIED 0
	AUGUST 03	FIED 0
	AUGUST 04	FIED 0
	AUGUST 05	FIED 0
	AUGUST 06	FIED 0
	AUGUST 07	FIED 0
	AUGUST 08	FIED 0
	AUGUST 09	FIED 0
	AUGUST 10	FIED 0
	AUGUST 11	FIED 0
	AUGUST 12	FIED 0
	AUGUST 13	FIED 0
	AUGUST 14	FIED 0
	AUGUST 15	FIED 0
	AUGUST 16	FIED 0
	AUGUST 17	FIED 0
	AUGUST 18	FIED 0
	AUGUST 19	FIED 0
	AUGUST 20	FIED 0
	AUGUST 21	FIED 0
	AUGUST 22	FIED 0
	AUGUST 23	FIED 0
	AUGUST 24	FIED 0
	AUGUST 25	FIED 0
	AUGUST 26	FIED 0
	AUGUST 27	FIED 0
	AUGUST 28	FIED 0
	AUGUST 29	FIED 0
	AUGUST 30	FIED 0
	AUGUST 31	FIED 0

800-E TOTAL WIRE TRANSFER PAYME \$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005

EXHIBIT IX  
RESTRICTED ACCOUNT DEPOSITS SUMMARY

COMPANY NAME : YOUR COMPANY NAME  
COMPANY NUMBER : YOUR COMPANY NAIC NUMBER LEFT JUSTIFIED  
PERIOD ENDING : MONTH (ALL CAPITAL LETTERS) AND YEAR

	DATE	AMOUNT
AUGUST	01	0
AUGUST	02	0
AUGUST	03	0
AUGUST	04	0
AUGUST	05	0
AUGUST	06	0
AUGUST	07	0
AUGUST	08	0
AUGUST	09	0
AUGUST	10	0
AUGUST	11	0
AUGUST	12	0
AUGUST	13	0
AUGUST	14	0
AUGUST	15	0
AUGUST	16	0
AUGUST	17	0
AUGUST	18	0
AUGUST	19	0
AUGUST	20	0
AUGUST	21	0
AUGUST	22	0
AUGUST	23	0
AUGUST	24	0
AUGUST	25	0
AUGUST	26	0
AUGUST	27	0
AUGUST	28	0
AUGUST	29	0
AUGUST	30	0
AUGUST	31	0

900 TOTAL

0

# WYO ACCOUNTING PROCEDURES (MANUAL)

## PART B

EFFECTIVE : 10/1/2005

**"DISKETTE CONTROL FORM"**

YOUR COMPANY NAME

FILE NAME: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

DATE SENT:

REPORTING MONTH/YEAR: **MONTH (ALL CAPITAL LETTERS) AND YEAR**

MONTH (ALL CAPITAL LETTERS) AND YEAR

PREPARER'S NAME: **REQUIRED FIELD**

## REQUIRED FIELD

TELEPHONE NUMBER: REQUIRED FIELD

**REQUIRED FIELD**

NET INCOME (LOSS) FOR REPORTING MONTH:  
(EXH. I, INCOME STATEMENT, LINE 175)

CURRENT MTH.

FYTD

0

0

PAYABLE TO (RECEIVABLE FROM) NFIP:  
EXHIBIT III, BALANCE SHEET, LINE 315, COLUMN A)

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OCT	1 OCTOBER	31
NOV	2 NOVEMBE	30
DEC	3 DECEMBE	31
JAN	4 JANUARY	31
FEB	5 FEBRUAR	29
MAR	6 MARCH	31
APR	7 APRIL	30
MAY	8 MAY	31
JUN	9 JUNE	30
JUL	10 JULY	31
AUG	11 AUGUST	31
SEP	12 SEPTEMB	30