

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

	REVENUE	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 (LINE 315, 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

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005

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	PRIOR	INCREASE	BEGINNIN
	MONTH	MONTH	(DECREASE)	FISCAL Y
			(COLS.A-B)	
300.	CASH	0	0	0
305.	CASH - NOT TRANSFERRED TO RESTRICTED ACCT.	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		
<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
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 (Bx)
ERRONEOUS ASSIGNMENT	0	40.00	\$ 0

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

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	B	C	D
ENTRY VALUE RANGE	NUMBER	FEE	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
<b>(Use the following Entry Range only for ICC total claims payments greater t \$15,000 but not more than \$20,000, and with a Loss Date of 05/01/00 and lat</b>			
15000.01- 20000.00	0	750.00	0
<b>(Use the following Entry Range only for ICC total claims payments greater t \$15,000 but not more than \$30,000, and with a Loss Date of 05/01/2003 and l</b>			
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	B	C	D
ENTRY VALUE RANGE	NUMBER	FEE	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 Hurri 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	B	C	D
ENTRY VALUE RANGE	NUMBER	FEE	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 (Use 6/1/08 thru 9/30/08 data months)	0	0
*	605A. CHANGE IN CASE RESERVES(LINE 325,COL C) (Use 6/1/08 thru 9/30/08 data months)	0	0
	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-DATE
700. TOTAL INTEREST RECEIVED	0	0
705. RESTRICTED ACCOUNT CHARGE	0	0
<b>Enter Charges as a Debit</b>		
710. TOTAL INTEREST INCOME	0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005  
0

EXHIBIT VIII-A

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	AMOUNT
	DATE			
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
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		0
AUGUST	30	FIED		0
AUGUST	31	FIED		0
800-C	TOTAL CREDIT CARD PAYMENT		\$	0

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		0
AUGUST	31	FIED		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) EFFECTIVE : 10/1/2005  
PART B

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	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

900 TOTAL

0

WYO ACCOUNTING PROCEDURES (MANUAL)  
PART B

EFFECTIVE : 10/1/2005

"DISKETTE CONTROL FORM"  
-----

WYO COMPANY NAME:

YOUR COMPANY NAME  
-----

FILE NAME:

DATE SENT:  
-----

REPORTING MONTH/YEAR:

MONTH (ALL CAPITAL LETTERS) AND YEAR  
-----

PREPARER'S NAME:

REQUIRED FIELD  
-----

TELEPHONE NUMBER:

REQUIRED FIELD  
-----

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

CURRENT MTH.

FYTD

0

0

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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