

This report is required by law, (33 U.S.C.901 et seq.). Failure to report can result in termination of authorization to provide coverage. Show number of cases and all payments made during the calendar year 20__ under the following acts:

Compensation Act	Authorization Number	No. of Cases Compensated	Compensation Payments	Medical Payments
Longshore				
Defense Base				
Nonappropriated Fund				
Outer Continental Shelf				
District of Columbia				

TOTAL \$

**Enter "None" in spaces where
no payment was made**

I certify that I am an officer or official of the insurance company or self-insurer named above and am duly authorized to file this report, and that I have carefully examined the facts contained herein and they are true to the best of my knowledge.

(Any person who knowingly and willfully makes a false statement of conceals a material fact shall be fined not more than \$10,000 or imprisoned not more than five years, or both (18 U.S.C. 1001))

Signature

Printed name

Title (Print or Type)

Date

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of IRM Policy, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0160), Washington, DC 20503. In accordance with the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1215-0160.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES