

OMB No. 1660-0020
Expiration Date: December 31, 2010

Department of Homeland Security
Federal Emergency Management Agency

OMB Control Number: 1660-0020
Title: Write Your Own (WYO) Program
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.**

FSBLKFiscal2011
Effective 10/1/2010

KEY IN GRAY SHADED AREAS ONLY

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 PREMI	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 71		0		0
170.	NET POLICY SERVICE FEES		0		0
175.	NET INCOME (LOSS	\$	0	\$	0

PREPARER'S NAME: XXXXXXXXXX
PHONE NUMBER: XXXXXXXXXX

WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2010
PART B

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/RECEIVABL BALANCE (LINE 315, COL.A)	0	0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EFFECTIVE : 10/1/2010

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			

310.	RESTRICTED ACCT. 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 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-
400. WRITTEN PREMIUM	0	0
(Do Not Use for Premium)		
405. EXPENSE ALLOWANCE % A	0.0%	0.0%
410. EXPENSE ALLOWANCE FOR WRITTEN PREMIUM	0	0
* 411. WRITTEN PREMIUM		
(Use 10/1/2008 data month and later)	0	0
412. EXPENSE ALLOWANCE % B	30.2%	30.2%
413. EXPENSE ALLOWANCE FOR WRITTEN PREMIUM B	0	0
414. SUBTOTAL EXPENSE ALLOWAN	0	0
415. CANCELLATION PREMIUM REFUND ADJUSTMENT BASE	0	0
420. COMMISSION ALLOWANCE %	15%	15%
425. CANCELLATION COMMISSION RETENTION	0	0
426. EXPENSE ALLOWANCE ADJUST FOR BONUS COMMISSION	0	0
427. RATING ORGANIZATION EXPE	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 : 10/1/2010
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 ENTRY VALUE RANGE	B NUMBER CLOSED	C FEE	D 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	1100.00	0
125000.01-150000.00	0	1250.00	0
150000.01-175000.00	0	1400.00	0
175000.01-200000.00	0	1550.00	0
200000.01- LIMITS	0	1700.00	0
500-A. **TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-A			\$ 0

**UPON FEMA REQUEST, WYO COMPANY MUST PROVIDE SUPPORTING DETAIL FOR THE RE
WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2010
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	1000.00	0
100000.01-150000.00	0	1300.00	0
150000.01-200000.00	0	1600.00	0
200000.01- LIMITS	0	2000.00	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 RE

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 REF

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	1200.00	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

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

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

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 \$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 \$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 REF

REVISED EXHIBIT V-F

FEE SCHEDULE - ALLOCATED LAE

(USE FOR CLAIMS WITH DATE OF LOSS OF 09/01/2004 THROUGH 8/31/2005)

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	1000.00	0
35000.01- 50000.00	0	1250.00	0
50000.01- 100000.00	0	3.0%	0
100000.01- 250000.00	0	2.3% BUT NOT LESS THAN \$3,000.00	0
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 Hurricanes 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 Proc 0 0
(FEMA Approval Required)

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

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	1000.00	0

500-H. TOTAL ALLOCATED LAE FEES PAID-EXHIBIT V-H \$ 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 REF

UPDATED: 9/1/2008

EXHIBIT V-H
FEE SCHEDULE - ALLOCATED LAE

(USE FOR CLAIMS WITH DATE OF LOSS OF 09/01/2008 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	70.00	\$ 0
CLOSED WITHOUT PAYMENT (CWOP)	0	275.00	0
\$ 0.01- 1000.00	0	375.00	0
1000.01- 5000.00	0	600.00	0
5000.01- 10000.00	0	800.00	0
10000.01- 15000.00	0	925.00	0
15000.01- 25000.00	0	1025.00	0
25000.01- 35000.00	0	1175.00	0
35000.01- 50000.00	0	1400.00	0
50000.01- 100000.00	0	3% BUT NOT LESS THAN \$1,600.00	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

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

UPDATED: 9/1/2008

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

UNALLOCATED L.A.E.PAID	CURRENT MONTH	FISCAL YEAR-TO-
* 600A. NET PAID LOSSES(LINE 115	0	0

(Use 10/1/2008 data month and later)

* 605A. CHANGE IN CASE RESERVES(LINE 325,COL C)

(Use 10/1/2008 data month and later)	0	0
610. CASE INCURRED LOSSES	0	0
611. ULAE INCURRED LOSS %	1.5%	1.5%
612. SUBTOTAL ULAE INCURRED L	0	0
613 ULAE NET WRITTEN PREMIUM	1.0%	1.0%
614. SUBTOTAL ULAE NET WRITTE	0	0
620A. UNALLOCATED LAE(6/1/08th	0	0
620. UNALLOCATED LAE(10/1/07t	0	0
* 620B. TOTAL UNALLOCATED LAE	0	0
SALVAGE & SUBROGATION		
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
Enter Recovery as a Debit		
SPECIAL ALLOCATED LAE		
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 : 10/1/2010
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 CHARG	0	0
Enter Charges as a Debit		
710. TOTAL INTEREST INCOME	0	\$ 0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EFFECTIVE : 10/1/2010
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	\$	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
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

WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2010
 PART B

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		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
800-C	TOTAL CREDIT CARD PAYMEN	\$	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		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

800-D TOTAL INTERNET PAYMENTS \$ 0

WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2010
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	\$ 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

800-E TOTAL WIRE TRANSFER PAYM \$ 0

WYO ACCOUNTING PROCEDURES (MANUAL) EFFECTIVE : 10/1/2010
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	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
900 TOTAL

0
0

WYO ACCOUNTING PROCEDURES (MANUAL)
PART B

EFFECTIVE : 10/1/2010

"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: 0

TELEPHONE NUMBER: 0

	CURRENT MTH.	FYTD
NET INCOME (LOSS) FOR REPORTING MONTH: (EXH. I, INCOME STATEMENT, LINE 175)	0	0
	=====	=====

PAYABLE TO (RECEIVABLE FROM) NFIP: EXHIBIT III, BALANCE SHEET, LINE 315, COLUMN A)	0	0
	0	=====

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OCT	1	OCTOBEF	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