U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM S-1 **SURETY COMPANY ANNUAL REPORT**

Form Approved Office of Management and Budget No. 1245-0003 Expires 00-30-206

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

This form is for use by surety companies in filling reports on bond experience with respect to bonds required by the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), and under the Employee Retirement Income Security Act if 1974 (ERISA). This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

E	Part I - Identification						
1. File Number S -			2. For Year Ending:				
3. Name of surety com	oany						
4. Address of principal	office						
P.O. Box, Bldg., Roc	m No., if any						
Number and Street							
City							
State	ZIP Code + 4						
		Part II - Pr	emium Data				
		Lf	LMRDA (Class Codes 691-692-695)		ERISA (Class Codes 697-872)		
			Honesty [1]	Faithful Discharge [2]	Honesty [3]	Faithful Discharge [4]	
5. Direct Premiums Wri	tten						
6. Direct Premiums Ear	ned						
7. Expenses Incurred -	Other than Loss Adjustment						
	miums Earned Allocated to Expenses ed by Item 6]						
Part III - Loss Data							
9. Direct Losses Paid							
10. Direct Losses Incurred							
11. Direct Loss Adjustment Expenses Incurred							
12. Direct Salvage Recovered							
13. Net Losses (Item 10 + Item 11 - Item 12)							
14. Percent of Direct Premiums Earned Allocated to Net Losses [Item 13 divided by Item 6]							
Signatures							
Each of the undersigned, duly authorized officers of the above surety company, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
17. Signed	(President If other title, see instructions)	18. Signed			Treasurer (If other title, see instructions)	
On			On				
Date	Telephone Nun	nber	311	Date	Telephon	e Number	

Name of Surety Company	File Number	Ending Date of the Period Covered					
	S-	/ /					
Part IV - Itemization of Losses Penerted During Year							

45. Depart Information for Each Loop for Which a Nation Was Described During the Depart Vacu								
Report Information for Each Loss for Which a Notice Was Received During the Report Year a. Date notice of loss received								
a. Date flotice of loss received	/							
b. Name and Address of Insured Sustaining Loss								
Organization Name								
P.O. Box, Bldg., Room No., if any								
Number and Street								
City								
State	State ZIP Code + 4							
c. Bond class code		d. Amount of bond coverage available						
e. Gross loss to insured (if known)	f. Amount paid to insured in report year		g. Amount of salvage recovered in report year					
16. Additional Information								
16. Additional Information								
Item Number: Description:								