DEPARTMENT OF THE TREASURY SCHEDULE OF EXCESS RISKS BUREAU OF THE FISCAL SERVICE HYATTSVILLE, MD 20782

Company Name						_	Contact Person						
Location of Co	mpany						_	Contact Person Title					
NAIC Compan	y Code						_	Contact Person Telepho	one No.				
Quarter Ended							_	Contact Person E-Mail					
Treasury Und	erwriting Lin	nitation					-						
Report each ri	sk written in	excess of the underwriting li	imitation established by th	e Treasury. (This appli				risks whether or not the b, will govern absolutely.	United States is obligee.)	In protecting excess 1	risks, the underwriting li	mitation in force on	the date of the execution of
Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Penal Sum (If Bond)	s of Risks Maximum Liability (If Less Than Penal Sum Or Face Amount)	Net Retention	Date Of Coinsurance Or Reinsurance		Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance	Market Value Of Admissible Assets Pledged (Attach Copy Of Trust, Joint Control Or Indemnity Agreement	Retention For Treasury Purposes	Remarks
State of County of		, Preside			, Secretary of the		all recognizances	ofstimulations bonds und	lertakings or other risks v	, being duly swe	orn, depose and say, and	l each for himself say	s, that they are the above- nitation, executed by the said
company and it	s agents on be	ehalf of any individual, firm,	, association, or corporatio		nded							ismy midciwining in	mation, executed by the said
				Notary Public President	_	the "Trea	aury Underwritin	g Limitation", it is probab	If any amount in the "Rete ble that applicable Treasur mmediate remedial measu	v regulations have be	en violated (see Treasur	v	TREASURY SOLAR



OMB No. 1530-XXXX

Secretary

HYA ⁻	TTSVILLE, M	D 20782		Δ.,	C D:-l		1	C-i-	- O- D-i				
				Amount	s of Risks			Coinsuranc	e Or Reinsurance	Amount of	Market Value Of		
Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Penal Sum (If Bond) Or Face Amount (If Policy)	Maximum Liability (If Less Than Penal Sum Or Face Amount)	Net Retention	Date Of Coinsurance Or Reinsurance	Name Of Coinsuring Or Reinsuring Company	Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance	Admissible Assets Pledged (Attach Copy	Retention For Treasury Purposes	Remarks
	Date			Tolley				Company		Tellisurance .	Tigit Canton	1 uiposes	

HYA ⁻	TTSVILLE, M	D 20782		Δ.,	C D:-l		1	C-i-	- O- D-i				
				Amount	s of Risks			Coinsuranc	e Or Reinsurance	Amount of	Market Value Of		
Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Penal Sum (If Bond) Or Face Amount (If Policy)	Maximum Liability (If Less Than Penal Sum Or Face Amount)	Net Retention	Date Of Coinsurance Or Reinsurance	Name Of Coinsuring Or Reinsuring Company	Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance	Admissible Assets Pledged (Attach Copy	Retention For Treasury Purposes	Remarks
	Date			Tolley				Company		Tellisurance .	Tigit Canton	1 uiposes	

HYA	ATTSVILLE, M	D 20782		-	•		1				_		7
				Amount	s of Risks			Coinsuranc	ce Or Reinsurance			1	
Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Penal Sum (If Bond) Or Face Amount (If Policy)	Maximum Liability (If Less Than Penal Sum Or Face Amount)	Net Retention	Date Of Coinsurance Or Reinsurance	Name Of Coinsuring Or Reinsuring Company	Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	(Denote With*) Or	Market Value Of Admissible Assets Pledged (Attach Copy Of Trust, Joint Control Or Indemnity Agreement	Retention For	Remarks

SPECIFIC INSTRUCTIONS

Column A "Number" - Insert number of bond or policy.

Column B "Date" - Insert date bond or policy was written.

Column C "Principal (if surety) or Class (if other lines)" - Insert name of principal (if bond) or class (if other line).

Column D "Obligee (if fidelity or surety) or Insured (if other lines)" - Insert name of obligee if fidelity or surety or name of insured if other line.

Column E "Penal Sum (if bond) or Face Amount (if policy)" - Insert penal amount of bond or face amount of insurance policy.

Column F "Maximum Liability (if less than penal sum or face amount)" - Insert maximum liability if less than penal sum of bond or face amount of insurance policy. This column is used only in cases where policies cover more than one risk, i.e., casualty policies covering more than one location, or where bonds, such as fiduciary bonds are given for more than the value of the assets in an estate. (See Section 223.13 of Treasury Circular 297 - 31 CFR 223.13.)

Column G "Net Retention" - Insert net retention (amount of risk retained by company after coinsurance, reinsurance or admissible collateral is obtained).

Column H "Date of Coinsurance or Reinsurance" - Insert date of coinsurance or reinsurance.

Column I "Name of Coinsuring or Reinsuring Company" - Insert names of coinsuring or reinsuring companies.

Column J "Amount of Treasury Authorized Coinsurance or Authorized Reinsurance" - Insert amount of coinsurance or reinsurance ceded to companies recognized by Treasury for reinsurance purposes opposite their names. See lists of reinsurers which accompanied Treasury's last Annual Letter to Executive Officers of Surety Companies Reporting to the Treasury for names of companies recognized by the Treasury for reinsurance purposes. Indicate coinsurance by single asterisk.

Column K "Amount of Unauthorized Coinsurance or Authorized Reinsurance" - Insert amount of coinsurance or reinsurance ceded to companies not recognized by the Treasury opposite their names.

Column L "Market Value of Admissible Assets Pledged (attach copy of trust, joint control or indemnity agreement)" - Insert market value of any admissible assets held to secure each excess risk. If protection of the excess liability is being achieved by pledged assets, assets held in trust, assets held under collateral agreement of indemnity or joint control, insert market value of such assets. In order to qualify, pledged assets should be of the type that would be admissible if owned directly by the reporting company. See Sections 223.10 - .11 of Treasury Circular 297 for applicable regulations (31 CFR 223.10 - .11).

Column M "Retention for Treasury Purposes" - Insert Retention for Treasury purposes. This amount should equal the company's net retention plus cessions to unauthorized coinsurers or reinsurers, less the market value of any admissible assets held to secure the risk and must not exceed the reporting company's Treasury underwriting limitation.

Column N "Remarks" - Insert any remarks to clarify. If the risk being reported is a surety bond naming the United States or one of its agencies or instrumentalties as obligee, a copy of the appropriate reinsurance agreement should be attached and a remark written in column (17) "Reinsurance Agreement Attached." Reinsurance Agreements on Federal bonds should be executed on Standard Forms (SF) 273, 274, or 275. Use SF-273 for Miller Act performance bonds; SF 274 for Miller Act payment bonds; and SF 275 for other Federal bonds. The previous Treasury form nos. FMS 6317, FMS 6318, and FMS 6319 may continue to be used. (See paragraph) 223.11 (b) (1) of Treasury Circular 297 - 31 CFR 223.11 (b) (1).)

SPECIFIC INSTRUCTIONS

Note: If no risks are written in excess of the underwriting limitation, indicate such by inserting the word "NONE" on the form.



- A. REPORT EACH RISK SEPARATELY WITH THE EXCEPTION OF TREATY REINSURANCE AND PAYMENT TONDS AS MENTIONED BELOW.
- B. SURETY RISKS: All surety risks should be reported in detail.
- C. CONTRACT BONDS: A separate entry on the form may be used to report the performance bond and the payment bond on a single contract. However, in cases where the performance bond and the payment bond for a single contract are reinsured in the same manner it is permissible to report the details of the performance bond and a statement indicating "payment bond also protected in the same manner".
- D. FACULTATIVE REINSURANCE: All excess risks protected by facultative reinsurance should be reported in detail. Use a separate line on the form for each risk.
- E. RISKS COVERED BY TREATIES: In property liability lines of business such as automobile and public liability, where the excess risks may be quite numerous and where reinsurance of such risks is covered automatically under reinsurance agreements or treaties, it is not necessary to report risks in detail. A condensed summary showing the names of the reinsuring companies and the limits accepted by them on the various classes of business should be noted on the schedule. Treaty reinsurance should be reported in dollar amounts rather than percentages, with dollar amounts inserted for the largest risk written under the treaty. Each treaty should be reported separately on the form. If it is necessary to submit the details of a particular treaty in successive quarterly reports reproduced summaries may be submitted attached to form 285-A.
- F. BLANK FORMS: FMS 285-A. A supply of blank forms is available from the Treasury. Blank reinsurance agreement forms are also availabe, i.e., Standard Forms (SF) 273, 274, 275. A set of two FMS 285-A forms is mailed to each reporting company each quarter.
- G. SPECIMEN FORMS: A specimen form, FMS 285-A properly filled out, is available from the Treasury upon request.
- H. TREASURY ADDRESS: Requests for blank forms, specimen forms, and questions should be addressed to:

U.S. Treasury Department
Financial Management Service
Surety Bond Branch
3700 East/West Highway, Room 6F04
Hyattsville, MD 20782
Telephone: (202) 874-6850

I. REPORTING DATES: The completed Schedule of Excess Risks (form FMS 285-A) together with the reporting company's quarterly financial statement should be submitted to the same address, within 45 days after the close of each quarter.

Notice Under the Paperwork Reduction Act:

We estimate it will take you about 20 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the Instructions.