

FORM S-1

SURETY COMPANY ANNUAL REPORT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

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This form is for use by surety companies in filing 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 of 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.

Part I - Identification

1. File Number S - <input style="width: 80%;" type="text"/>	2. For Year Ending: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
3. Name of surety company <input style="width: 100%;" type="text"/>	
4. Address of principal office	
P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/>	
Number and Street <input style="width: 80%;" type="text"/>	
City <input style="width: 80%;" type="text"/>	
State <input style="width: 40%;" type="text"/>	ZIP Code + 4 <input style="width: 40%;" type="text"/>

Part II - Premium Data

	LMRDA (Class Codes 691-692-695)		ERISA (Class Codes 697-872)	
	Honesty [1]	Faithful Discharge [2]	Honesty [3]	Faithful Discharge [4]
5. Direct Premiums Written	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6. Direct Premiums Earned	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7. Expenses Incurred - Other than Loss Adjustment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8. Percent of Direct Premiums Earned Allocated to Expenses Incurred [Item 7 divided by Item 6]	0%	0%	0%	0%

Part III - Loss Data

9. Direct Losses Paid	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10. Direct Losses Incurred	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
11. Direct Loss Adjustment Expenses Incurred	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Direct Salvage Recovered	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
13. Net Losses (Item 10 + Item 11 - Item 12)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
14. Percent of Direct Premiums Earned Allocated to Net Losses [Item 13 divided by Item 6]	0%	0%	0%	0%

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

President
(If other title, see instructions)

18. Signed

Treasurer

Treasurer
(If other title, see instructions)

On

Date

Telephone Number

On

Date

Telephone Number

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

15. Report Information for Each Loss for Which a Notice Was Received During the Report Year

a. Date notice 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

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

Item Number: Description:

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