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 09-30-2021

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 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.

Part I - Identification

1. File Number **S -**

2. For Year Ending: / /

3. Name of surety company

4. Address of principal office

P.O. Box, Bldg., Room No., if any

Number and Street

City

State

ZIP Code + 4

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				
6. Direct Premiums Earned				
7. Expenses Incurred - Other than Loss Adjustment				
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				
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]	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 (If other title, see instructions)

Other (Specify)

On _____ Date _____ Telephone Number

18. Signed _____ Treasurer (If other title, see instructions)

Treasurer

On _____ Date _____ Telephone Number

Print Report

Name of Surety Company	File Number	Ending Date of the Period Covered
	S-	/ /

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 / /

Add More Loss Information

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: