GENERAL INSTRUCTION!

| A. | REPORT EACH RISK SEPARATELY WITH THE I TONDS AS MENTIONED BELOW. |
|----|---|
| В. | SURETY RISKS: All surety risks should be repor |
| C. | CONTRACT BONDS: A separate entry on the for payment bond on a single contract. However, in for a single contract are reinsured in the same maperformance bond and a statement indicating "page 12.2." |
| D. | FACULTATIVE REINSURANCE: All excess risks detail. Use a separate line on the form for each r |
| E. | RISKS COVERED BY TREATIES: In property - li liability, where the excess risks may be quite num automatically under reinsurance agreements or to condensed summary showing the names of the revarious classes of business should be noted on the amounts rather than percentages, with dollar ame Each treaty should be reported separately on the treaty in successive quarterly reports reproduced |
| F. | agreement forms are also available, i.e., Standard mailed to each reporting company each quarter. |
| G. | SPECIMEN FORMS: A specimen form, FS 285-A request. |
| Н. | TREASURY EMAIL ADDRESS / TELEPHONE: R should be emailed to: surety.bonds@fiscal.treasury.gov (and/or the financial analyst assigned to examine |
| | Telephone: (202) 874-6850 |

company's quarterly financial statement should b close of each quarter.

S - SCHEDULE OF EXCESS RISKS

the company)

EXCEPTION OF TREATY REINSURANCE AND PAYMENT ted in detail. rm may be used to report the performance bond and the cases where the performance bond and the payment bond anner it is permissible to report the details of the syment bond also protected in the same manner". protected by facultative reinsurance should be reported in isk. ability lines of business such as automobile and public nerous and where reinsurance of such risks is covered reaties, it is not necessary to report risks in detail. A einsuring companies and the limits accepted by them on the e schedule. Treaty reinsurance should be reported in dollar ounts inserted for the largest risk written under the treaty. form. If it is necessary to submit the details of a particular summaries may be submitted attached to form 285-A. d Forms (SF) 273, 274, 275. A set of two FS 285-A forms is properly filled out, is available from the Treasury upon leguests for blank forms, specimen forms, and questions

e submitted to the email address, within 45 days after the

SPECIFIC INSTRUCTIONS - SCH

| Column A | "Number" - Insert number of bond or po |
|----------|--|
| Column B | "Date" - Insert date bond or policy was |
| Column C | "Principal (if surety) or Class (if other lin |
| Column D | "Obligee (if fidelity or surety) or Insured fidelity or surety or name of insured if o |
| Column E | "Penal Sum (if bond) or Face Amount (if amount of insurance policy. |
| Column F | "Maximum Liability (if less than penal solution less than penal sum of bond or face amonly in cases where policies cover more more than one location, or where bonds than the value of the assets in an estate 31 CFR 223.13.) |
| Column G | "Net Retention" - Insert net retention (a coinsurance, reinsurance or admissible |
| Column H | "Date of Coinsurance or Reinsurance" - |
| Column I | "Name of Coinsuring or Reinsuring Com |
| Column J | "Amount of Treasury Authorized Coinsu amount of coinsurance or reinsurance or reinsurance or reinsurance purposes opposite their nautreasury's last Annual Letter to Execution Treasury for names of companies recognisticate coinsurance by single asterisk. "Amount of Unauthorized Coinsurance of Companies of Companies Coinsurance of Companies Coinsurance of Coinsuran |
| Column K | coinsurance or reinsurance ceded to co |

| Column L | indemnity agreement)" - Insert market each excess risk. If protection of the exassets, assets held in trust, assets held control, insert market value of such ass be of the type that would be admissible See Sections 223.1011 of Treasury C |
|----------|---|
| Column M | "Retention for Treasury Purposes" - Inse amount should equal the company's ne coinsurers or reinsurers, less the marke the risk and must not exceed the report |
| Column N | "Remarks" - Insert any remarks to clarif naming the United States or one of its a of the appropriate reinsurance agreeme column (17) "Reinsurance Agreement A bonds should be executed on Standard Miller Act performance bonds; SF 274 fo other Federal bonds. The previous Trea 6319 may continue to be used. (See pa - 31 CFR 223 11 (b) (1)) |

underwriting limitation, in word "NONE" on the form

IEDULE OF EXCESS RISKS

olicy.

written.

nes)" - Insert name of principal (if bond) or class (i

I (if other lines)" - Insert name of obligee if ther line.

¹ policy)" - Insert penal amount of bond or face

um or face amount)" - Insert maximum liability if ount of insurance policy. This column is used than one risk, i.e., casualty policies covering s, such as fiduciary bonds are given for more e. (See Section 223.13 of Treasury Circular 297 -

mount of risk retained by company after collateral is obtained).

Insert date of coinsurance or reinsurance.

rance or Authorized Reinsurance" - Insert reded to companies recognized by Treasury for mes. See lists of reinsurers which accompanied ve Officers of Surety Companies Reporting to the inized by the Treasury for reinsurance purposes.

mpanies not recognized by the Treasury

value of any admissible assets held to secure cess liability is being achieved by pledged under collateral agreement of indemnity or joint ets. In order to qualify, pledged assets should if owned directly by the reporting company. ircular 297 for applicable regulations (31 CFR)

ert Retention for Treasury purposes. This t retention plus cessions to unauthorized t value of any admissible assets held to secure ting company's Treasury underwriting limitation.

y. If the risk being reported is a surety bond agencies or instrumentalities as obligee, a copy ent should be attached and a remark written in ttached." Reinsurance Agreements on Federal Forms (SF) 273, 274, or 275. Use SF-273 for or Miller Act payment bonds; and SF 275 for asury form nos. FMS 6317, FMS 6318, and FMS aragraph) 223.11 (b) (1) of Treasury Circular 297

ndicate such by inserting the

nies.

SCHEDULE OF EXCESS RISKS

| Company Name | Contact Person | |
|---------------------------------|----------------------------------|--|
| ocation of Company | Contact Person Title | |
| NAIC Company Code | Contact Person Telephone No. | |
| Quarter Ended | Contact Person E-Mail | |
| reasury Underwriting Limitation | | |
| | | |

Report each risk written in excess of the underwriting limitation established by the Treasury. (This applies to casualty and other lines of business as well as surety risks whether or not the United States is obligee.) In protecting excess risks, the underwriting limitation in force on the date of the execution of the risk, as shown in Treasury Circular 570, will govern absolutely.

| | | | | Amounts of Risks | | | | Coinsuranc | e Or Reinsurance | Market Value Of | | | |
|--------|------|-----------------------|----------------------|-----------------------|-----------------------------------|---------------|------------|---------------|---------------------------|-----------------------------|-----------------|---------------|---------|
| | | | | 7 0 | | | | | Amount of | Amount of | Admissible | | 1 |
| | | | | | | | | | Treasury | Unauthorized | Assets Pledged | | 1 |
| | | | | | | | Date Of | | Authorized | Coinsurance | (Attach Copy Of | | 1 |
| | | D: : 1/166 | Obligee (If Fidelity | Penal Sum (If | Maximum | | Coinsuranc | Name Of | Coinsurance | (Denote With*) | Trust, Joint | | 1 |
| | | Principal (If Surety) | | Bond) Or Face | Liability (If Less | | e Or | Coinsuring Or | (Denote With*) Or | | Control Or | Retention For | 1 |
| Number | Date | Or Class (If Other | Insured (If Other | Amount (If Policy) | Than Penal Sum Or Face Amount) | Not Potentian | Reinsuranc | | Authorized Reinsurance | Unauthorized Reinsurance | Indemnity | Treasury | Remarks |
| Number | Date | Lines) | Lines) | Folicy) | Of Face Affiduitt) | Net Retention | е | Company | Remsurance | Remsurance | Agreement | Purposes | Remarks |
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State of __ County of_

SCHEDULE OF EXCESS RISKS

AFFIDAVIT

| , President, and | | | | | , Secretary of the of of of, being duly sworn, deposing schedule (with the accompanying exhibits) contains a full, true, and correct statement of all recognizances, stipulation | | | | | | and say, and e | each for himself says, | |
|------------------|---|--|--|---|---|---------------------------------|--|---|--|---|---|---------------------------------------|---------------------------------------|
| whereon the | liabilities | e-described officers o are in excess of its Tr nents and declaration | f the said company, t easury underwriting l | imitation, execut | schedule (with the ed by the said com | e accompanying apany and its ag | | ontains a full, true, a | | nt of all recognize | ances, stipulations | bonds, undert | akings, or other risks, , 20; and, |
| Subscribed a | ubscribed and sworn to before me thisday of | | | y of | , 20 | | | | | | | | |
| | | | | | Notary Public Notary Public President Note TO PRESIDENT AND SECRETARY: If any amount in the "Retention for Treasury Purposes" column exceeds the "Treasury Underwriting Limitation", it is probable that applicable Treasury regulations have been violated (see Treasury Circular 297, sections 223.10, .11 and .13). If so, immediate remedial measures are required to comply with the regulations. | | | | | | | | REASURY SOLLAR |
| | | T | | Amount | s of Risks | | 1 | Coincuranc | e Or Reinsurance | | Market Value Of | | ME FIL |
| 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 Coinsuranc e Or Reinsuranc e | Name Of Coinsuring Or Reinsuring Company | Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance | Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance | Admissible Assets Pledged (Attach Copy Of Trust, Joint | Retention For Treasury Purposes | Remarks |
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| HYATTSVILLE, MD | YATTSVILLE, MD 20782 | | | | | | | | | | | | |
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| Number | Date | Principal (If Surety) Or Class (If Other Lines) | Insured (If Other Lines) | Penal Sum (If Bond) Or Face Amount (If Policy) | Maximum Liability (If Less Than Penal Sum Or Face Amount) | | | Name Of Coinsuring Or Reinsuring Company | e Or Reinsurance Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance | Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance | Indemnity Agreement | Retention For Treasury Purposes | Remarks |

| HYATTSVILLE, MD | YATTSVILLE, MD 20782 | | | | | | | | | | | | |
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| Number | Date | Principal (If Surety) Or Class (If Other Lines) | Insured (If Other Lines) | Penal Sum (If Bond) Or Face Amount (If Policy) | Maximum Liability (If Less Than Penal Sum Or Face Amount) | | | Name Of Coinsuring Or Reinsuring Company | e Or Reinsurance Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance | Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance | Indemnity Agreement | Retention For Treasury Purposes | Remarks |

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