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. 1215-0188 Expires 11-30-2006

For Official Use Only

## 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.

E	Part I - Identification						
1. File Number <b>S</b> -		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 - P	remium Data					
	L	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 Lo	oss Adjustment						
Percent of Direct Premiums Earne Incurred [Item 7 divided by Item 6]	ed Allocated to Expenses						
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 Date	Telephone Number		 Date	Telephone	Number		

Name of Surety Company	File Number	Ending Date of the Period Covered					
	S-	/ /					
Port IV. Howinsties of Losses Deported During Very							

45. Depart Information for Each Loca for Which a Nation Was Respired During the Depart Vacan							
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 in	sured in report year	g. Amount of salvage recovered in report year				
16. Additional Information							
16. Additional Information							
Item Number: Description:							