

**Quarterly Financial Report**

|  |                 |                    |                          |                           |          |  |
|--|-----------------|--------------------|--------------------------|---------------------------|----------|--|
| Guaranty Fund:   |                 | Insolvent Company: |                          | <b>Header Information</b> |          |  |
| File Location  | State           | File Location Code | Reporting Period Ending: |                           |          |  |
|  |                 |                    |                          |                           |          |  |
|  |                 | City               | State                    |                           |          | Zip Code   |
| Guaranty Fund Address:   |                 |                    |                          |                           |          |  |
| Person to Contact:   |                 | Name               |                          | Title                     |          |  |
| Phone:   | E-mail Address: |                    |                          |                           |          |  |
| Category   |                 | Current Quarter    | Year-to-Date             | Inception-To-Date         | Reserves | Short Description  |
| EXPENSES   |                 |                    |                          |                           |          |  |
| <b>Section 1 - C Record Payments</b>   |                 |                    |                          |                           |          |  |
| Loss Claim Payments (Transcodes 310, 320)  |                 | 0.00               | 0.00                     | 0.00                      | 0.00     | The total of all policy related benefit/loss claim payments made directly by the Fund to the policyholder/claimant or indirectly through an independent adjuster under the direction of the Fund during the reporting period. DO NOT include unearned/return premium claim payments. These are reported separately. This amount must equal the total of loss payments reported to the receivership for the same period in the Fund UDS Claims Report ("C Record"). Funds to Receiver. (This is the total of all payments made with transaction code 310 and 320) & (Prior to 1/1/05 – the use of transaction code 340) |
| Total Loss Recoveries (PRIOR to implementation of UDS Version 2 unless accounting records allow for breakdown of earlier recoveries into specific Version 2 categories.) |                 |                    |                          | 0.00                      |          | The total of all recoveries recorded with transaction code 510 or 530 (Prior to implementation of UDS Version 2, unless accounting records allow for breakdown of earlier recoveries into specific UDS Version 2 categories)   |
| <b>Loss Recoveries by Recovery Type Code (Transcode 530)</b>   |                 |                    |                          |                           |          |  |
| Multiple Type Recovery (Code 1)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 1   |
| Salvage Recovery (Code 2)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 2   |
| Subrogation Recovery (Code 3)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 3   |
| Policy Deductible Recovery (Code 4)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 4   |
| Second Injury Recovery (Code 5)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 5   |
| Net Worth Recovery (Code 6)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 6   |
| Other Recovery (Code 7)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 7   |
| Unknown Recovery (Code 8)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 8   |
| Receiver Large Deductible Recovery (Code 9)  |                 | 0.00               | 0.00                     | 0.00                      |          | UDS Version 2, Transaction code 530, Recovery code 9   |
| Unearned/Return Premium Claim Payments (Transcode 820, 825)  |                 | 0.00               | 0.00                     | 0.00                      | 0.00     | The total of all unearned/return premium claim payments made directly by the Fund to the policyholder/other claimant or indirectly through an independent adjuster during the reporting period. This amount must equal the total of unearned/return premium payments reported to the receivership for the same period in the Fund UDS Claims Report ("C Record"), Funds to Receiver.   |
| Total Allocated LAE (PRIOR to implementation of UDS Version 2 unless accounting records allow for breakdown of earlier expenses into specific Version 2 categories.)     |                 |                    |                          | 0.00                      |          | The total of all loss adjustment expense recorded with transaction code 410 or 430 (PRIOR to implementation of UDS Version 2, unless accounting records allow for breakdown of earlier expense payments into AO and DCC categories specified in Version 2.)  |
| Defense & Cost Containment (DCC) Expenses (Transcode 410, 420)   |                 | 0.00               | 0.00                     | 0.00                      | 0.00     | All defense and cost containment expenses charged directly to a claim in the Fund UDS Claims Report ("C Record" - Trans codes 410, 420), EXCLUDES expenses paid for AO expenses.   |
| DCC Expense Recovery (Negative Transcode 540)  |                 | 0.00               | 0.00                     | 0.00                      |          | All defense and cost containment expense recoveries (UDS Version 2, transaction code 540 and prior to UDS Version 2 implementation, the use of transaction code 520)   |

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|  |  |                        |                     |                          |                 |  |                           |
|--|--|------------------------|---------------------|--------------------------|-----------------|--|---------------------------|
| Guaranty Fund:   |  |                        |                     | Insolvent Company:       |                 |  | <b>Header Information</b> |
| File Location State  |  | File Location Code     |                     | Reporting Period Ending: |                 |  |                           |
|  |  |                        |                     | City                     | State           | Zip Code   |                           |
| Guaranty Fund Address  |  |                        |                     |                          |                 |  |                           |
| Person to Contact:   |  |                        | Name                |                          | Title           |  |                           |
| Phone:   |  |                        | E-mail Address:     |                          |                 |  |                           |
| <b>Category</b>  |  | <b>Current Quarter</b> | <b>Year-to-Date</b> | <b>Inception-To-Date</b> | <b>Reserves</b> | <b>Short Description</b>   |                           |
| Adjusting & Other (AO) Expenses (Transcode 450, 470)                                   |  | 0.00                   | 0.00                | 0.00                     | 0.00            | All adjusting expenses charged directly to a claim in the Fund UDS Claims Report ("C" Record), INCLUDES TPA/contractor expenses. (Transaction Codes 450 & 470)   |                           |
| AO Expense Recovery (Transcode 550)  |  | 0.00                   | 0.00                | 0.00                     |                 | All Adjusting expense recoveries charged directly to a claim in the Fund UDS Claims Report ("C" Record) INCLUDES expense reimbursements and overpayments. (UDS Version 2, transaction code 550 and prior to UDS Version 2 implementation, the use of negative transaction codes 450, 470.)   |                           |
| Unearned Premium Expense (Transcode 870)   |  | 0.00                   | 0.00                | 0.00                     |                 | All unearned premium expenses charged directly to a claim in the Fund UDS Claims Report ("C" Record). UDS Version 2, Transaction Code 870.   |                           |
| <b>Sub-Total (UDS "C" Record)</b>  |  | <b>0.00</b>            | <b>0.00</b>         | <b>0.00</b>              | <b>0.00</b>     |  |                           |
| <b>Reclassifications to Section 2 (negative amount)</b>                                |  | <b>0.00</b>            | <b>0.00</b>         | <b>0.00</b>              |                 | All UDS Claims Report ("C" Record) expenses reclassified as Section 2 - Administrative Expense (should equal "Reclassifications from Section 1" category in Section 2)   |                           |
| <b>Sub-total Section 1</b>   |  | <b>0.00</b>            | <b>0.00</b>         | <b>0.00</b>              | <b>0.00</b>     |  |                           |
| <b>Section 2 - EXPENSES (Not Charged to individual claims)</b>                         |  |                        |                     |                          |                 |  |                           |
| Unallocated LAE (Prior to implementation of UDS Version 2)                             |  |                        |                     | 0.00                     |                 | All loss adjustment expenses not charged directly to a claim file (PRIOR to implementation of UDS Version 2)   |                           |
| Claims adjusting expenses paid for NON-Employee adjusting personnel, such as TPA fees. |  | 0.00                   | 0.00                | 0.00                     |                 | All expenses paid for NON-employee claims adjusting to TPA's or individual contractors, NOT charged to an individual claim and NOT reported in the Fund UDS Claims Report ("C Record"), Funds to Receiver.   |                           |
| Medical Bill Review  |  | 0.00                   | 0.00                | 0.00                     |                 | All Medical Bill Review expenses paid, NOT charged to an individual claim, NOT reported in the Fund UDS Claims Report ("C Record"), Funds to Receiver.   |                           |
| Employee/ Contractor Exp.  |  | 0.00                   | 0.00                | 0.00                     |                 | All expenses for personnel, including salaries, benefits, employee training and education, payroll taxes, and temporary personnel.   |                           |
| Legal Expense  |  | 0.00                   | 0.00                | 0.00                     |                 | Include all Legal expenses NOT charged to individual claims.   |                           |
| Professional Expenses (Other than Legal)   |  | 0.00                   | 0.00                | 0.00                     |                 | All professional expenses including audit/accounting, actuarial, and other consulting not charged to individual claims other than Legal expenses.  |                           |
| Travel & Meetings Expenses   |  | 0.00                   | 0.00                | 0.00                     |                 | Expenses for all travel and meetings, excluding those amounts included in employee/contractor expenses for employee training and education.  |                           |
| Office Rent & Utilities  |  | 0.00                   | 0.00                | 0.00                     |                 | The expenses related to the provision of facilities for the Fund.  |                           |
| General Office Expenses:   |  | 0.00                   | 0.00                | 0.00                     |                 | Include all costs of non-capital equipment; rented/leased equipment; maintenance agreements; offsite storage costs; printing, stationery & general office supplies; postage and express/shipping costs; dues, fees, subscriptions and publications; bank charges (excluding investment manager fees and interest on borrowed Funds - see specific categories); telephone; depreciation on all capital furniture and equipment items and all insurance contracts (other than reinsurance) purchased by the Fund, excluding any insurance programs included in employee expenses as employee benefits. |                           |
| Interest on Borrowed Funds   |  | 0.00                   | 0.00                | 0.00                     |                 | Interest expense on borrowed Funds charged or allocated to this Receiver.  |                           |
| Investment Manager Fees  |  | 0.00                   | 0.00                | 0.00                     |                 | All investment management fees charged or allocated to this Receiver.  |                           |

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| File Location State  | File Location Code | Reporting Period Ending: |                   |                           |  |          |
|  |                    | City                     | State             |                           |  | Zip Code |
| Guaranty Fund Address:   |                    |                          |                   |                           |  |          |
| Person to Contact:   |                    | Title                    |                   |                           |  |          |
| Name   |                    | Title                    |                   |                           |  |          |
| Phone:   | E-mail Address:    |                          |                   |                           |  |          |
| Category   | Current Quarter    | Year-to-Date             | Inception-To-Date | Reserves                  | Short Description  |          |
| Other Expenses: (Description)  |                    |                          |                   |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           | Itemize expenses not included in any other expense reporting item. Taxes, other than payroll, are to be included in these fields. Expenses for any unique or non-recurring project should be included here. A narrative description of each item included in these fields should be provided in the "DESCRIPTION - OTHER EXPENSES" field corresponding to the Line # where the amount is placed. |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
| Lump Sum DCC & AO Expense Reserve (not reported with a "C" record)       |                    |                          |                   | 0.00                      | Reported on the Financial Report Only - WILL NOT RECONCILE TO THE CLAIMS RECORD  |          |
| Lump Sum Administrative Expense Reserve (not reported with a "C" record) |                    |                          |                   | 0.00                      | Reported on the Financial Report Only - WILL NOT RECONCILE TO THE CLAIMS RECORD  |          |
| Reclassifications from Section 1   | 0.00               | 0.00                     | 0.00              |                           | All UDS Claims Report ("C" Record) expenses reclassified as Section 2 - Administrative Expense (should equal "Reclassifications to Section 2" category in Section 1  |          |
| Sub-Total for Section 2  | 0.00               | 0.00                     | 0.00              | 0.00                      |  |          |
| <b>TOTAL EXPENSES/RESERVES</b>   | <b>0.00</b>        | <b>0.00</b>              | <b>0.00</b>       | <b>0.00</b>               |  |          |
| <b>REVENUE</b>   |                    |                          |                   |                           |  |          |
| Special Deposit Received From Department of Insurance/Ancillary          | 0.00               | 0.00                     | 0.00              |                           | Report the amount of distributions received from statutory deposit(s).   |          |
| Receiver Distributions   | 0.00               | 0.00                     | 0.00              |                           | Include the amount of distributions received from a Receiver, other than statutory deposits, net of any amounts returned to the Receiver due to recalls.   |          |
| Large Deductible Reimbursements (reported prior to 1/1/05)               | 0.00               | 0.00                     | 0.00              |                           | Include the amount received prior to 1/1/05 identified as large deductible reimbursements  |          |
| Other Receipts: (Description)  |                    |                          |                   |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           | Itemize receipts not included in any other revenue reporting item. Include Interest earned on Early Access and Special Deposits. DO NOT include assessments, other interest earned, etc. A narrative description of each item included in these fields should be provided in the "DESCRIPTION - OTHER RECEIPTS" field corresponding to the Line # where the amount is placed.                    |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
|  | 0.00               | 0.00                     | 0.00              |                           |  |          |
| <b>TOTAL REVENUE</b>   | <b>0.00</b>        | <b>0.00</b>              | <b>0.00</b>       | <b>0.00</b>               |  |          |
| Comments and Agreed Additional Detail:                                   |                    |                          |                   |                           | Any comments needed to explain extraordinary activity included in the report and any additional details requested by the receiver and agreed to by the Fund.   |          |
|  |                    |                          |                   |                           |  |          |
| Cost Accounting Allocation Code (Time, Claims Cost, Other)               |                    |                          |                   |                           | Basis for Expense Allocation (Time, Claims Cost, Other)  |          |