

**Liability Self-Insurance Group
Instructions To Quarterly Statements**

Balance Sheet

Line No.	Description	Instructions	Statutory Limitations
Assets			
1	Cash and cash equivalents	Include: cash on hand; cash on deposit in U.S. banks or other financial institutions guaranteed by the FDIC or other Guarantor. Savings accounts, certificate of deposit or other such financial instruments. Cash equivalents are short-term, highly liquid investments that are both (a) readily convertible to known amounts of cash, and (b) so near their maturity that they present insignificant risk of changes in value because of changes in interest rates. Only investments owned by the Fund with original maturities of three (3) months or less qualify. Exclude: cash and cash equivalents with any restrictions or not under the control of the Fund. Do not include amounts in accounts of third party administrators or other management service organizations. Do not include mutual funds as these investments should be reported on Line 4. <i>The amount should agree with the Statement of Cash Flow (Page 3, Line 28).</i>	None.
2	Bonds	Include: U.S. government, U.S. Treasury Notes, Treasury Bills, or other direct obligations guaranteed by the full faith and credit of the U.S. Government and its agencies; tax exempt obligations issued by the Commonwealth of Kentucky; obligations issued by a county, district, municipality or other legal authority within Kentucky. Corporate bonds issued, assumed, or guaranteed by a solvent institution created or existing under the laws of the U.S., or a state, province, district, or territory. Exclude: bonds not under the exclusive control of the Fund.	Credit quality limits.
3	Stocks	Include: equity securities actively traded on the New York or NASDAQ stock exchanges.	Limits on individual issuer, aggregate holdings and % of portfolio.
4	Mutual funds	Include: mutual funds that are registered investment advisors licensed by the SEC and Commonwealth of Kentucky.	Limits on % of portfolio.
5	Receivable for securities	Include: Amounts that are due from brokers when a security has been sold but the proceeds have not yet been received.	
6	Other invested assets	Include: Any other class of investments not included under another classification. List separately each category of invested asset in the Detail of Other Invested Assets.	

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Line No.	Description	Instructions	Statutory Limitations
7	Subtotals, cash and invested assets	Sum of lines 1 through 6.	
8	Premiums receivable	Include: premiums billed, due and uncollected less allowance for doubtful accounts.	None.
9	Amounts recoverable from excess insurer	Include: amounts recoverable on paid losses and loss adjustment expenses.	None.
10	Accrued investment income	Include: interest and dividends earned on investments but not yet received.	None.
11	Prepaid expenses	Include: rent, insurance, utilities, legal fees, etc. Exclude: capital expenditures subject to depreciation or amortization.	None.
12	Net deferred tax asset	Include: net deferred tax assets and deferred tax liabilities. Exclude: Federal income taxes recoverable.	None.
13	Federal income tax recoverable	Include: current amounts recoverable and prior years' amounts not yet received Exclude: deferred federal income taxes.	None.
14	Other assets	Include: capital expenditures, net of depreciation or amortization) not included above, any other amounts with a useful life greater than one year. Exclude: any item with restrictions, questionable ownership or impaired value. List separately each category of other assets in the Detail of Other Assets.	None
15	Total assets	Sum of lines 7 through 14.	

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Line No.	Description	Instructions	Statutory Limitations
Liabilities and Fund Balance			
16.1	Reported claims	Include: expected payments for losses/claims and losses/claim adjustment expenses relating to insured events that have occurred and have been reported to, but not paid by the Fund as of the statement date.	None.
16.2	Incurred but not reported claims	Include: expected payments for losses/claims and losses/claim adjustment expenses relating to insured events that have occurred and have not been reported to the Fund as of the statement date.	None.
17	Unearned premiums	Include: that portion of the premium received in advance of insurance coverage not yet provided.	None.
18	Advance premium or member deposits	Include: premium or member deposits received before the due date.	None.
19	Excess insurance premiums payable or accrued	Include: ceded premiums due, deductibles and coinsurance or other amount withheld and due excess insurance carrier. Exclude: amounts recoverable from excess insurance carrier.	None.
20	Special fund assessment payable	Include: amounts due the Kentucky Workers' Compensation Funding Commission.	None.
21	Net deferred tax liability	Include: net deferred tax assets and deferred tax liabilities. Exclude: Federal income taxes recoverable.	None.
22	Federal income taxes payable	Include: current and prior years' federal income taxes due. Exclude: deferred federal tax liability.	None.
23	Taxes, licenses and fees	Include: incurred but unpaid investment and underwriting taxes, licenses and fees. Exclude: federal income taxes payable and the special fund assessment payable.	None.
24	Accounts payable (excluding taxes, licenses and fees)	Include: all accrued Other Operating Expenses unpaid at the statement date. Exclude: all accounts specifically provided for elsewhere.	None.
25	Dividends declared and unpaid to policyholders	Include: authorized distributions from surplus to Fund members. Exclude: proposed distributions from surplus to Fund members in accordance with a plan approved by the Trustees and filed with the Department of Insurance but not yet approved by the Commissioner.	None.

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Balance Sheet

Line No.	Description	Instructions	Statutory Limitations
26	Other liabilities	Include: accrued items not specifically provided for elsewhere. List separately each category of other liabilities in the Detail of Other Liabilities.	None.
27	Total liabilities	Sum of lines 16 through 26.	
28	Fund balance (deficiency)	Total assets less total liabilities	
29	Total liabilities and fund balance.	Sum of line 27 + line 28.	

UNAUDITED
QUARTERLY STATEMENT
AS OF
of the Condition and Affairs of the

Name of Group

Address of Group (Street and Number), (City, State and ZIP Code)

Location of Books and Records (Street and Number), (City, State and ZIP Code)

Name of Plan Administrator

Address of Plan Administrator (Street and Number), (City, State and ZIP Code)

Name of Claims Administrator

Address of Claims Administrator (Street and Number), (City, State and ZIP Code)

Statement Contact (Name), (Telephone Number) (Extension), (Email address)

TRUSTEES

Multiple horizontal lines for listing trustee names and contact information.

Each trustee must complete Form 102 as acknowledgement of receipt of financial statements.

State of, County of } ss:

The officers, being duly sworn, each depose and say that they are the described officers of the said group, that on the reporting period stated above, all of the herein described assets were the absolute property of the said group, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, though unaudited, are a full and true statement of all the assets and liabilities and of the condition and affairs of the said group as of the reporting period stated and of its income and deductions therefrom for the period ended on that date, and have been completed in accordance with statement instructions, according to the best of their information, knowledge and belief, respectively.

Signature and Title lines for three individuals, with a note: (Minimum of two signatures required)

Subscribed and sworn to before me this day of

- a. Is this an original filing? [] Yes [] No
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Liability Self-Insurance Group
Quarterly Statement as of

Statement of Assets, Liabilities and Fund Balance		
Description	Current Year	Prior Year
Assets		
1 Cash and cash equivalents		
2 Bonds		
3 Stocks		
4 Mutual funds		
5 Receivable for securities		
6 Other invested assets (describe below)		
7 Subtotals, cash and invested assets	-	-
8 Premium receivables		
9 Amounts recoverable from excess insurer		
10 Accrued investment income		
11 Prepaid expenses		
12 Net deferred tax asset		
13 Federal income taxes recoverable		
14 Other assets (describe below)		
15 Total assets	-	-
Liabilities and Fund Balance		
16 Claims and claims adjustment expenses:		
16.1 Reported claims		
16.2 Incurred but not reported claims		
16.3 Total claims and claims adjustment expenses	-	-
17 Unearned premiums		
18 Advance premium or member deposits		
19 Excess insurance premiums payable or accrued		
20 Special fund assessments payable		
21 Net deferred tax liability		
22 Federal income taxes payable		
23 Taxes, licenses and fees		
24 Accounts payable (excluding taxes, licenses and fees)		
25 Dividends declared and unpaid to policyholders		
26 Other liabilities (describe below)		
27 Total liabilities	-	-
28 Fund balance (deficiency)		
29 Total liabilities and fund balance	-	-
Detail of Other Invested Assets from Line 6		
0601		
0602		
0603		
Total Other Invested Assets (Line 6 above)	-	-
Detail of Other Assets from Line 14		
1401		
1402		
1403		
1404		
1405		
1406		
1407		
1408		
1409		
Total Other Assets (Line 14 above)	-	-
Detail of Other Liabilities from Line 26		
2601		
2602		
2603		

2604		
2605		
2606		
2607		
2608		
2609		
Total Other Liabilities (Line 26 above)	-	-

Liability Self-Insurance Group
Quarterly Statement as of

Statement of Income and Statement of Changes in Fund Balance		
Description	Current Year to Date	Prior Year to Date
Revenues		
1 Premiums earned		
2 Investment income, net of investment fees		
3 Investment gains (losses) realized, net		
4 Other income		
5 Total revenues	-	-
Expenses		
6 Claims and claims adjustment expenses incurred, net of excess insurance recoveries		
7 Excess insurance premiums		
8 Commissions		
9 Premium audits		
10 Loss control		
11 Other operating expenses:		
11.01 Salaries and benefits		
11.02 Rent and rent items		
11.03 Legal, audit and other professional fees		
11.04 Travel and travel items		
11.05 Postage and telephone		
11.06 Printing and stationary		
11.07 Advertising		
11.08 Surveys and underwriting reports		
11.09 Boards, bureaus and associations		
11.10 Trustee fees		
11.11 Fidelity and E&O insurance		
11.12 Furniture and equipment		
11.13 Cost or depreciation of EDP equipment and software		
11.14 Taxes, licenses and fees		
11.15 Bad debt expense		
11.16 TPA fees		
11.17 Other expense (describe below)		
11.18 Total other operating expenses	-	-
12 Total expenses	-	-
13 Income before policyholder dividends and federal income taxes	-	-
14 Dividends declared to policyholders		
15 Income (loss) before federal income taxes	-	-
16 Federal income tax expense (benefit)		
17 Net income (loss)	-	-
Changes in Fund Balance		
18 Fund balance, prior fiscal year		
19 Net income (loss) (from line 17)	-	-
20 Other comprehensive income:		
20.1 Change in net unrealized gain (loss) on securities, net of tax		
20.2 Other comprehensive income (describe below)		
20.3 Total other comprehensive income (line 20.1 + 20.2)	-	-
21 Total comprehensive income (line 19 + line 20.3)	-	-
22 Other fund balance adjustments (describe below)		
23 Fund balance, current statement date	-	-
Detail of Other Expense from Line 11.17		
11.171		
11.172		
11.173		
Total Other Expense (Line 11.18 above)		
Detail of Other Comprehensive Income from Line 20.2		
20.201		
20.202		
20.203		
Total Other Comprehensive Income (Line 20.2 above)		
Detail of Other Fund Balance Adjustments from Line 22		
22.201		
22.202		
22.203		
Total Other Comprehensive Income (Line 22 above)		

Liability Self-Insurance Group
Quarterly Statement as of

Statement of Cash Flow		
Description	Current Year To Date	Prior Year-End
Cash Flow From Operating Activities		
1 Net Income (loss)		
Adjustments to reconcile net income (loss) to net cash provided by operating activities		
2 Investment (gains) losses realized, net		
3 Deferred taxes		
4 Amortization of investment premiums and discounts		
Changes in assets and liabilities		
5 Premium receivables		
6 Amounts recoverable from excess insurer		
7 Accrued investment income		
8 Prepaid expenses		
9 Federal income taxes recoverable/payable		
10 Estimated liability for claims		
11 Unearned premiums		
12 Member deposits or advance premium		
13 Excess insurance payable		
14 Special fund assessments payable		
15 Accounts payable and accrued expenses		
16 Dividends payable to policyholders		
17 Other (list below)		
18 Net cash provided by operating activities	-	-
Cash Flow From Investing Activities		
19 Purchase of investments		
20 Proceeds from sales and maturities of investments		
21 Other		
22 Net cash provided by investing activities	-	-
Cash Flow From Financing Activities		
23 Dividends paid to members		
24 Other cash provided (applied)		
25 Net cash provided by financing activities	-	-
Reconciliation of Cash and Cash Equivalents		
26 Net increase (decrease) in cash and cash equivalents	-	-
27 Cash and cash equivalents, prior year-end		
28 Cash and cash equivalents, end of period	-	-
Detail of Other from Line 17		
1701		
1702		
1703		
1704		
1705		
Total Other (Line 17 above)	-	-

**Liability Self-Insurance Group
Quarterly Statement as of**

GENERAL INTERROGATORIES

1. (a) Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the group? YES NO
(b) If yes, indicate date of change and furnish herewith a certified copy of the instrument as amended. _____
2. (a) If the group is subject to a management or claims administration agreement, including third-party administrator(s), service organizations, or similar agreement, has there been any significant changes regarding the terms of the agreement or principals involved? YES NO
(b) If yes, give description of the change.

3. (a) Has there been any significant modifications or cancellations during the year in the group's excess insurance coverage? YES NO
(b) If yes, give description of the change.

4. Provide the following information regarding the group's membership:
(a) Number of members as of the current statement date _____
(b) Number of members as of prior year-end _____
5. (a) During the period covered by this statement, did any officer, director or trustee receive any commission on the business transactions of the company? YES NO
(b) If yes, give full information.

6. Are the senior officers and the board of trustees subject to a code of ethics, which includes the following standards? YES NO
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the group;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
If the response is No, please explain:

7. (a) Has the code of ethics been amended? YES NO
(b) If yes, give full information.

