

THE SURPLUS LINE ASSOCIATION

OF CALIFORNIA

315 MONTGOMERY STREET

SAN FRANCISCO 94104

A. L. LATHROP
MANAGER

A. B. HERRICK
ASSISTANT MANAGER

SAN FRANCISCO
986-0763
LOS ANGELES
1541 WILSHIRE BLVD.
483-3901

January 10, 1969

No. 295

BULLETIN TO ALL MEMBERS:

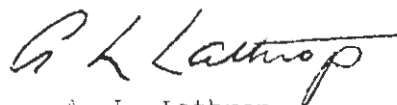
- 1) New Monthly Statement
- 2) Additional Bordereau -
Monthly Breakdown

1) New Monthly Statement. As we explained at the Annual Meetings, we have designed the attached in order to assist the members. On or about February 20, and each month thereafter, we shall send you such a statement for your monthly business. It will be completed for you in duplicate. You should sign and return the original with your check for the stamping fee, retaining the "Member's Copy" for your records. This new form replaces the SLA-102 form.

2) Additional Bordereau - "Monthly Breakdown". In order to assist the members with a breakdown for state tax reporting of 1969 and subsequent business, an additional "Monthly Breakdown" will be furnished with your usual bordereau if business has been reported. This has been designed to follow the order in which such breakdown is called for on the California reporting form. This breakdown will be attached to your monthly billing together with the usual bordereau.

Early in 1970 we shall endeavor to send you a monthly recap of your 1969 business as a further aid in your completing your state tax form.

Very truly yours



A. L. Lathrop
Manager

ALL:EBW
encl.

Sign and return this copy to Surplus Line Association with your check for Stamping Fees, if any.

STATEMENT MONTH _____
 SURPLUS LINE BROKER _____

In accordance with Article XIII of the Constitution we verify that the following is a true and complete statement of our California surplus line business for the above month, subject to filing (including previous months if designated below).

	PREMIUM AMOUNT	STAMPING FEE AMOUNT
1. Net Premium at 6/10%	\$ _____	\$ _____
2. Net Premium at 3/4%	\$ _____	\$ _____
Total	\$ _____	\$ _____
Stamping fees from prior months not paid		\$ _____
Total due - pay this amount		\$ _____

IMPORTANT - IF NO SURPLUS LINE BUSINESS WRITTEN DURING THE MONTH PLEASE CHECK

Date _____

Sign here _____

KWIK-PART PRINTED BY CARLISLE, S. F.